



322 Main St. S., P.O. Box 759,
Exeter ON N0M 1S6
www.southhuron.ca
Ph: 519-235-0310

Request for Access to Municipal Records

Date of request:		
Name of requesting individual or organization:		
Description of information requested (please note that requestors may be charged for staff time if the search and preparation time for records exceeds 1/2 hour and the rate will be \$50 per hour or part thereof):		
Are copies required:	Yes	No
(please note that copying fees are \$1.00 per page for black & white)		
Signature of person requesting municipal records:		
Documentation release date:		
Signature for receipt of requested documentation:		
Signature:		Date:
Name (please print):		
Office use only		
Access to records granted?	Yes	No
Copies of records made:	Yes	No
	pages @ current fees	\$
Staff time incurred to search for records:	Yes	No
	Hours of staff time @ \$50.00/hour	\$
Total owing:	\$	
Approved for release by:	Date:	

Personal information on this form will be collected, used and disclosed in a confidential manner in accordance with the Municipal Freedom of Information and Protection of Privacy Act, for the purpose of responding to your request.