

GLOSDERRY CITY IMPROVEMENT DISTRICT NPC

FORM A

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY (Section 18(1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000) [Regulation 6]

GLOSDERRY CITY IMPROVEMENT DISTRICT Registration No.: 2013/083887/08

FOR DEPARTMENTAL USE	
Reference number	
Request received by (Name, Surname of information officer)	
Received on	
Received at (place)	
Request fee (if any)	R
Deposit (if any)	R
Access fee	R
Signature of information officer	

A. Particulars of public body

The Information Officer is the Chairperson of the Board, 4.2.1. Roy Kemmis-Betty

The GLOSDERRY CITY IMPROVEMENT DISTRICT NPC's details are as follows:

Physical Address	3 Wilge Road, Claremont, Western Cape, 7735
Postal Address	3 Wilge Road, Claremont, Western Cape, 7735
Telephone number	021 565 0901
Website	www.glosderrycid.co.za
Email address of Information Officer	info@glosderrycid.co.za

B.	Particulars	of person	requesting	access to	the	record

 (a) The particulars of the person who requests access to the record must be given below. (b) The address and/or fax number in the Republic to which the information is to be sent, must be given. (c) Proof of the capacity in which the request is made, if applicable, must be attached. 	
Full names and surname	
Identity number	
Postal address	
Fax number	
Telephone number	
Email address	
Capacity in which request is made, when made on behalf of another person:	
C. Particulars of person on whose behalf request is made	
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E. **Fees**

- A request for access to a record, other than a record containing personal information about yourself, will be processed only (a) after a request fee has been paid.
- (b) You will be notified of the amount required to be paid as the request fee.
- The fee payable for access to a record depends on the form in which access is required and the reasonable time required to (c) search for and prepare a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reas	on for exemption from payment of fees:	
F.	Form of access to record	

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.

Description of disability:		
Form in which record is required:		

Mark the appropriate box with an X.

- Compliance with your request for access in the specified form may depend on the form in which the record is available.
- Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in (b) another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

If the re	cord is in written or printed form								
	Copy of record *				Insp	nspection of record			
If the record consists of visual images – (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):									
	view the images		copy of the images*					transcription of the images*	
If the re	cord consists of recorded words	or infor	mation which car	n be repr	oduc	ed in s	ound:		
	Listen to soundtrack				ranscription of soundtrack* (written or printed document)				
If the record is held on computer or in an electronic or machine-readable form:									
	printed copy of record*		Printed copy of information Copy in computer readabl derived from the record* (compact disc)		n computer readable form* act disc)				
copy or	equested a copy or transcription of transcription to be posted to you?		rd (above), do you wish the		YES			NO	
Postage is payable. Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.									

In which language would you prefer the record?
G. Notice of decision regarding request for access
You will be notified whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.
How would you prefer to be informed of the decision regarding your request for access to the record?
Signed at
SIGNATURE OF REQUESTER OR PERSON
ON WHOSE BEHALF REQUEST IS BEING MADE