

Mail Request to
ATI Coordinator
PO Box 1079
Valleyview AB T0H 3N0

or Deliver Request to
ATI Coordinator
any Greenview PSB

Email Request to:
atia@mdgreenview.ab.ca

The personal information collected on this form will be used to respond to your access to information request. This collection is authorized by section 4 (c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Access to Information Coordinator of the public body that has collected the information you are requesting.

Last Name		First Name	
Name of Company or Organization (if applicable)			
How do you want to receive correspondence from the Access to Information Office?		☐ Email	☐ Mail
Based on your correspondence preference, please provide one of the following: mailing address or email address			
1. Mailing Address	City/Town/Village	Province	Postal Code
2. Email Address		Phone (Optional)	

1. What kind of information are you requesting access to?	
☐ GENERAL INFORMATION (see instructions for explanation of fees.) ☐ PERSONAL INFORMATION ON BEHALF OF ANOTHER PERSON ☐ YOUR OWN PERSONAL INFORMATION	
2. Do you want to (choose only one): ☐ RECEIVE A COPY OF THE RECORD? ☐ EXAMINE THE RECORD IN PERSON?	
3. How do you want to receive the responsive records from the Access to Information Office? ☐ Email ☐ Mail	
4. If requesting your personal information, provide full given names, all previous names and applicable personal identifiers . You will be required to provide proof of your identity. Please note that this information will need to be disclosed to relevant Greenview business units to search for responsive records.	
5. If the personal information requested is about someone else, provide his/her full given names and any previous names and applicable personal identifiers such as driver's license. If you are requesting records about someone else, you will be required to provide proof that you have the authority to act for that person.	
6. If duplicate records exist, would you like to receive these? ☐ YES ☐ NO	
7. What record do you want to access? Give as much detail as possible. If you need more space attach a separate sheet of paper.	
8. Specify relevant keywords to assist with the search for responsive records.	
9. Provide the date or date range of the records requested above. Give specific dates.	

FOR OFFICE USE ONLY		
Date Received YYYY-MM-DD	Request Number	Request Due Date YYYY-MM-DD

INSTRUCTIONS FOR SUBMITTING ACCESS TO INFORMATION REQUESTS**Fees for Access to Information Requests**

An initial fee of \$25.00 must be paid before a request for general information will be processed.

An initial fee is not required to request personal information about yourself or about someone for whom you are authorized to act.

Additional fees may be charged to process your request. A fee estimate and explanation will be provided to you prior to proceeding with the request.

Payment Options

Fees can be paid:

1. By debit, credit card, or cash - at any Greenview Public Service Building
2. By cheque or money order made payable to – ATI Coordinator Municipal District of Greenview No. 16 Box 1079 Valleyview AB T0H 3N0

Personal Access to Information Requests

Please note, that by submitting this request you are consenting to your personal information being shared with the applicable business unit(s) to assist with the search for responsive records.

You will be required to provide proof of your identity before records containing your personal information will be released to you.