



Hoër Meisieskool La Rochelle Girls' High School

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))

FOR OFFICE USE

Reference number: _____

Request received by _____ (information - / deputy information officer)

on _____ (date) at _____ (place).

Request fee (if any):	
Deposit (if any):	
Access fee:	
Total:	

Signature of Information - /
Deputy Information Officer

A. Particulars of the school.

The Information Officer
Faure Street
Paarl
7646

B. Particulars of person requesting access to the record.

Full names and surname:			
Identity number:			
Postal address:		Postal code:	
Telephone number:			
E-mail address:			
Capacity in which request is made, when made on behalf of another person (Proof of capacity must be attached):			

C. Particulars of person on whose behalf request is made.

Full names and surname:	
Identity number:	

D. Particulars of record

Description of record or relevant part of the record:

Any further particulars of record:

E. Fees

Reason 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 1 to 4 below, state your disability and indicate in which form the record is required:

Disability:

Form in which record is required:

Mark the appropriate box with an X.

NOTES:

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) 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 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.

1. If the record is in written or printed form:

<input type="checkbox"/>	Copy of record *	<input type="checkbox"/>	Inspection of record
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2. If the record consists of visual images-
(this includes photographs, slides, video recordings, computer-generated images, sketches etc):

<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images *	<input type="checkbox"/>	Transcription of the images *
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3. If record consists of recorded words or information which can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack	<input type="checkbox"/>	Transcription of soundtrack * (written or printed document)
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4. If record is held on computer or in an electronic or machine-readable form:

<input type="checkbox"/>	Printed copy of record *	<input type="checkbox"/>	Printed copy of information derived from the record*	<input type="checkbox"/>	Copy in computer readable form*
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* If you requested a copy or transcription of a record (above), do you wish the transcription to be posted to you? Postage is payable.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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 in writing 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 _____ this _____ day of _____ 20 _____

**SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE**