REQUEST FOR ACCESS TO RECORDS OF A PUBLIC BODY
(Section 18(1) of the Promotion of Access to Information Act No. 2 of 2000))
[Regulation 6]

FOR DEPARTMENTAL USE

Reference Number ............................................................................................................................................

Request received by ..........................................................................................................................................

(name and surname of information officer/deputy information officer) on ..........................................................

(date) at .........................................................................................................................................................

(place)

Request free (if any):   R ............................................

Deposit (if any):            R ............................................

Access Fee:                  R ............................................

SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

A. Details of public body

Deputy Information Officer
Access to Information and Records Management
Council for the Built Environment
P O Box 915
GROENKLOOF
0027

Tel No: 012 346 3985
Fax No: 012 346 3986
SCHEDULE 1: REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

**B. Details of person requesting access to the record**

(a) The details 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.

<table>
<thead>
<tr>
<th>Full names and surname:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity number:</td>
<td></td>
</tr>
<tr>
<td>Postal address:</td>
<td></td>
</tr>
<tr>
<td>Fax number:</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>E-mail address:</td>
<td></td>
</tr>
</tbody>
</table>

Capacity in which request is made, when made on behalf of another person:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**C. Details of person on whose behalf request is made**

This section must be completed ONLY if a request for information is made on behalf of another person.

<table>
<thead>
<tr>
<th>Full names and surname:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity number:</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE 1: REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

D. Details of record

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.</td>
</tr>
<tr>
<td>(b)</td>
<td>If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.</td>
</tr>
</tbody>
</table>

1. Description of record or relevant part of the record: ________________________________

2. Reference number, if available: _________________________________________________

3. Any further details of record: _________________________________________________

E. Fees

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

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 in 1 to 4 hereunder, state your disability and indicate in which format the record is required.

<table>
<thead>
<tr>
<th>Disability: __________________________</th>
<th>Format in which record is required: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mark the appropriate box with an X.</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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1. **If the record is in written or printed format:**

- [ ] copy of record*
- [ ] inspection of record

2. **If 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*

3. **If record consists of recorded words or information which can be reproduced in sound:**

- [ ] listen to the soundtrack (audio cassette)
- [ ] transcription of soundtrack* (written or printed document)

4. **If record is held on computer or in an electronic or machine-readable format:**

- [ ] printed copy of record*
- [ ] printed copy of information derived from the record*
- [ ] copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?  
**Postage is payable.**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In which language would you prefer the record?</th>
<th></th>
</tr>
</thead>
</table>
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 details 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 __________________ year __________

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