

**SCHEDULE 1**



**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 ..... (state rank,  
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.*

Full names and surname: \_\_\_\_\_

Identity number:

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Postal address: \_\_\_\_\_

Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.*

Full names and surname: \_\_\_\_\_

Identity number:

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D. Details of record

- (a) 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.
- (b) 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.

1. Description of record or relevant part of the record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Reference number, if available: \_\_\_\_\_

3. Any further details of record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Fees

- (a) 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.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) 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.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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.

Disability: _____	Format in which record is required: _____
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Mark the appropriate box with an **X**.

**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.*

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

<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
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**2. If 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 (audio cassette)	<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 format:**

<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* (stiffy or compact disc)
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*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? <b>Postage is payable.</b>	<b>YES</b>	<b>NO</b>
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In which language would you prefer the record?	
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**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?

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

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