



**Ugu District Municipality
FORM A**

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

(Act No. 2 of 2000)

[Regulation 6]

FOR DEPARTMENTAL USE

Reference number:

Request received by

Luvuyo Mahlaka, Municipal Manager, Information Officer

Phumza Ntebe, General Manager Corporate Services, Deputy Information Officer

Date:..... at..... (Place)

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

Deposit (if any): R

Access fee: R.....

.....Signature of Information Officer/Deputy Information Officer

A Particulars of public body

Information officer:

Mr Luvuyo Mahlaka
MUNICIPAL MANAGER
28 Connor Street, Port Shepstone, 4240
PO Box 33, Port Shepstone, 4240
Tel: 039 688 5702
Fax: 039 682 1720
Email: Luvuyo.Mahlaka@ugu.gov.za

Deputy information officer

Ms Phumza Ntebe
GENERAL MANAGER CORPORATE SERVICES
18 Price Street, Port Shepstone, 4240
PO Box 33, Port Shepstone, 4240
Tel: 039 688 5758
Fax: 039 682 4820
Email: Phumza.Ntebe@ugu.gov.za

B Particulars of person requesting access to the record

- | | |
|-----|---|
| (a) | <i>The particulars of the person who requests access to the record must be given below.</i> |
| (b) | <i>The address and/or fax number in the Republic to which the information is to be sent, must be given.</i> |
| (c) | <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i> |

Full names and surname:

.....

Identity number:

Postal address:

Fax number:

Telephone number:

E-mail address:

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

.....

C. Particulars 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:

D. Particulars 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 particulars 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 form 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:

.....

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.

<u>Disability:</u>		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
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"/>		<input type="checkbox"/>	transcription of the images*
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)
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"/>		<input type="checkbox"/>	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.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Note that <i>if</i> the record is not available in the language you prefer, access may <i>be granted</i> in the language in <i>which</i> 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 thisday of..... 20

.....
SIGNATURE OF REQUESTER 1 PERSON ON
WHOSE BEHALF REQUEST IS MADE