

## FORM 2

### REQUEST FOR ACCESS TO RECORD

[Regulation 7]

Note:

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorization, must be attached to this form.

**To** \*The Information Officer

The Deputy Information Officer:  
 Thembisa Zwane  
 Metro Centre, 2<sup>nd</sup> Floor Council Wing Chamber  
 158 Civic Boulevard, BRAAMFONTEIN, 2001  
 P.O. Box 1049, Johannesburg, 2000

Tel: 011 407 6930      Cell: 082 776 3804  
 Email: [accesstoinfo@joburg.org.za](mailto:accesstoinfo@joburg.org.za)  
 Fax: 086 450 7676

Mark with "X"

Request is made in my own name

Request is made on behalf of another person

#### PERSONAL INFORMATION

|   |         |  |           |  |      |  |
|---|---------|--|-----------|--|------|--|
| Full names  |         |  |           |  |      |  |
| Identity number   |         |  |           |  |      |  |
| Capacity in which request is made<br><i>(when made on behalf of another person)</i>   |         |  |           |  |      |  |
| Postal Address  |         |  |           |  |      |  |
| Street Address  |         |  |           |  |      |  |
| Email address   |         |  |           |  |      |  |
| Contact numbers   | Tel (w) |  | Facsimile |  | Cell |  |
| Full names of person on whose behalf request is made<br><i>(if applicable)</i>  |         |  |           |  |      |  |
| Identity number   |         |  |           |  |      |  |
| Postal Address  |         |  |           |  |      |  |
| Street Address  |         |  |           |  |      |  |
| Email address   |         |  |           |  |      |  |
| Contact numbers   | Tel (w) |  | Facsimile |  | Cell |  |
| <b>PARTICULARS OF RECORD REQUESTED</b>  |         |  |           |  |      |  |
| <i>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 (if the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</i> |         |  |           |  |      |  |
|   |         |  |           |  |      |  |

|  |  |
|--|--|
| Description of record or relevant part of the record |  |
|  |  |
|  |  |
| Reference number, if available                       |  |
| Any further particulars of record:                   |  |
|  |  |
|  |  |

|   |  |
|---|--|
| <b>TYPE OF RECORD</b><br><i>(Mark the applicable box with an "X")</i>   |  |
| Record is in written or printed form  |  |
| Record comprises virtual images (this includes photographs, slides, video recordings, Computer-generated images, sketches, etc) |  |
| Records consists of recorded words or information which can be reproduced in sound  |  |
| Record is held on a computer or in an electronic, or machine-readable form  |  |

|   |  |
|---|--|
| <b>FORM OF ACCESS</b><br><i>(Mark the applicable box with an "X")</i>   |  |
| Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form) |  |
| Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)            |  |
| Transcription of soundtrack (written or printed document)   |  |
| Copy of record on flash drive (including virtual images and soundtracks)  |  |
| Copy of record on compact disc drive (including virtual images and soundtracks)   |  |

|   |  |
|---|--|
| <b>MANNER OF ACCESS</b><br><i>(Mark the applicable box with an "X")</i>   |  |
| Personal inspection of record at registered address of public/private body <i>(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)</i> |  |
| Postal services to postal address   |  |
| Postal services to street address   |  |
| Courier service to street address   |  |
| Facsimile of information in written or printed format <i>(including transcriptions)</i>   |  |
| E-mail of information (including soundtracks if possible)   |  |
| Preferred language:<br>(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)  |  |

|  |  |
|--|--|
| <b>PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED</b><br><i>If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.</i> |  |
| Indicate which right is to be exercised or protected   |  |
|  |  |
|  |  |

|  |  |
|--|--|
| Explain why the record requested is required for the exercise or protection of the aforementioned right: |  |
|  |  |
|  |  |
|  |  |

| <b>FEES</b>  |  |
|--|--|
| 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.<br>b) You will be notified of the amount required to be paid as the request fee.<br>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.<br>d) If you qualify for exemption of the payment of any fee, please state the reason for exemption. |  |
| Reason   |  |
|  |  |
|  |  |
|  |  |

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

| Postal address | Facsimile | Electronic Communication <i>(Please specify)</i> |
|----------------|-----------|--|
|                |           |  |

Signed at ..... this ..... day of ..... 20 .....

.....

*Signature of requester / person on whose behalf request is made*

**FOR OFFICE USE**

|   |  |
|---|--|
| REFERENCE NUMBER:   |  |
| Request received by:<br>(State Rank, Name and Surname of Information Officer) |  |
| Date received:  |  |
| Access fees:  |  |
| Deposit (if any):   |  |

.....  
*Signature of Information Officer*