

**FORM A**  
**REQUEST FOR INFORMATION**

*FORM A: For departmental use*

Reference number:

Request received by:

(state name, surname, position, unit and contact details of receiving officer)

**A. APPLICANT'S INFORMATION**

Your name \*

Your Last name \*

Phone number \*

Email address \*

Address:

**B. INFORMATION REQUESTED**

1. Name of public authority.

2. Description of document or information sought (provide document name or reference if available and provide enough details to enable the officer to identify the document)

3. If your request is granted you may be charged the applicable fees for reproduction of the document and for mailing copies to you ( no fee will be charged for inspection of document or electronic copies). Fees will be waived for-

- (a) request for personal information about the applicant
- (b) where the applicant is below the poverty line

please describe here any reasons why you believe the fees should be waived in your case.

4. If you wish, you may stipulate the form in which you would like to access the information, as indicated below (failure to check off any of these will result in the information being provided to you in the simplest form for the public authority normally photocopies of the information)

- (a) inspecting the document(s)
- (b) copying the document(s) using your own equipment
- (c) obtaining a copy of the document(s) in electronic form
- (d) obtaining a true copy of the document(s) in physical form
- (e) obtaining a written transcript of sound or visual document(s)
- (f) obtaining a transcript of the content of document(s)

5. If you believe that your request should be processed within 48 hours because the information is needed to protect the life or liberty of any individual, please indicate that and provide the reasons why you believe this is the case

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*Note: Please download and complete this form and send by email to the appropriate authority or recipient. For monitoring purposes, a copy of this form must also be forwarded to: [foi-form@raic.gov.sl](mailto:foi-form@raic.gov.sl)*