



PAIA ACCESS TO INFORMATION REQUEST

Under PAIA Act 2 of 2000. Submit to Information Officer.

Full Name: _____

ID Number: _____

Organisation: _____

Address: _____

Contact: _____

Email: _____

Records requested (describe): _____

Period: From ___ To ___ | Format: Hard copy Electronic Inspection

Fee enclosed Fee waiver requested

DECLARATION: I request access to the records described.

Signature

Date

OFFICIAL: Ref [___] | Received [___] | Info Officer [___]