

EPPING CITY IMPROVEMENT DISTRICT NPC

FORM A

REQUEST **FOR ACCESS TO RECORD OF** PUBLIC BODY (Section 18(1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000) [Regulation 6]

EPPING CITY IMPROVEMENT DISTRICT Registration No.: 2001/028149/08

FOR DEPARTMENTAL USE	
Reference number	
Request received by (Name, Surname of information officer)	
Received on	
Received at (place)	
Request fee (if any)	R
Deposit (if any)	R
Access fee	R
Signature of information officer	

A. Particulars of public body

The Information Officer is the Chairperson of the Board, Ahron Gropper

The **EPPING CITY IMPROVEMENT DISTRICT** NPC's details are as follows:

Physical Address	24 Gunners Circle, Epping 1, Cape Town, 7460
Postal Address	PO Box 834, Eppindust, Epping 1, 7475
Telephone number	021 534 2004
Website	www.ecid.org.za
Email address of Information Officer	ahron@bigbodies.co.za

B.	Particulars of	person requesting	access to the record

(b) The address and/	the person who requests access to the record must be given below. For fax number in the Republic to which the information is to be sent, must be given. City in which the request is made, if applicable, must be attached.
Full names and surname	
Identity number	
Postal address	
Fax number	
Telephone number	
Email address	
Capacity in which reque	est is made, when made on behalf of another person:
C. Particulars of per	rson on whose behalf request is made
This section	n 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 rec	cord
(a) Provide full partice	ulars of the record to which access is requested, including the reference number if that is known to you, to
enable the record	
The requester must sig	n all of the <i>additional</i> folios.
Description of record or	relevant part of the record:
Reference number, if av	zajlablo
	dilable
Any further particulars of	

	_	^	~	٠
C.	г	u	es	3

- (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.
Description of disability:

Form in which record is required:		

Mark the appropriate box with an X.

NOTES:

- Compliance with your request for access in the specified form may depend on the form in which the record is available. (a)
- 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 (b) 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.

If the record is in written or printed form									
	Copy of record *			Inspe	Inspection of record				
If the record consists of visual images – (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):									
	view the images	copy of the images* transcription of the images				ription of the images*			
If the re	cord consists of recorded words	or infori	mation which car	n be repr	oduce	ed in s	sound:		
	Listen to soundtrack				transcription of soundtrack* (written or printed document)				
If the re	cord is held on computer or in ar	n electro	nic or machine-r	eadable 1	form:				
	printed copy of record*		Printed copy of information derived from the record*						n computer readable form* act 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.				ne		YES		NO	

Δ	N	N	EX	u	R	F	I

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.
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
SIGNATURE OF REQUESTER OR PERSON ON WHOSE BEHALF REQUEST IS BEING MADE