



Eastern Regional Health Authority
REQUEST FOR ACCESS TO OFFICIAL DOCUMENT(S)
(pursuant to the Freedom of Information Act, 1999)

Name of Applicant

Address of Applicant

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Telephone Number of Applicant Email

Document/s Being Requested:

Document No.	Description of Document/s Being Requested	Form of Access

Note:

Applicants shall identify the document(s), or provide sufficient information to enable an officer/employee of the public authority who is familiar with the relevant documents, to identify the documents, to identify the document(s) with reasonable effort. Continue on a Separate Page if necessary.

Subject to the provisions of the Act access to a document may be granted by supplying a printed copy of it or by making it available for inspection or, if appropriate, by supplying a copy of a tape, disk, film or other material containing the information, by supplying a transcript of such tape, disk, film or other material or by making arrangements for the hearing or viewing of such tape, disk, film or other material.

Assuming that all documents requested are exempt documents, give the Document Number of the documents described above of which you would like to have access to an edited version, if possible.

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The making of this request is free of charge, but where access to a document is to be given in the form of a copy (printed or otherwise), the applicant shall be required to pay the prescribed fee.

Date of Application

Signature of Applicant

For Official Use Only

Date Received

Received By

Application Granted/Denied/Deferred

Date

Reasons for Denial/Deferment

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