NELSON MANDELA METROPOLITAN MUNICIPALITY

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 2]

A. PARTICULARS OF PUBLIC BODY

Postal Address:

The Municipal Manager
Information Officer
P.O. Box 116
Port Elizabeth
6000

Telephone Number: (041) 5063208
Fax Number: (041) 5063424
Email: cm@mandelametro.gov.za
mganyaza@mandelametro.gov.za
tmotasi@mandelametro.gov.za

B. PARTICULARS OF PERSON REQUESTING ACCESS TO RECORD(S)

(a) The particulars of the person who requests access to the record must be given below.
(b) The address and / or fax number in the Republic to which the information is to be sent, must be given.
(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full Names and Surname: ........................................................................................................
Identity Number: ....................................................................................................................
Postal Address: .......................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
Telephone Number: .............................................................................................................
Fax Number: ............................................................................................................................
E-Mail Address: ....................................................................................................................... 

Capacity in which request is made when made on behalf of another person.
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE:

This section must be completed ONLY if a request is made on behalf of another person.

Full Names and Surname: ........................................................................................................

Identity Number: ....................................................................................................................

..................................................................................................................................................
D. PARTICULARS OF RECORD(S)

(a) Provide full particulars of the record(s) to which access is requested, including the reference number if it is known to you, to enable the record to be located.

(b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all additional folios.

1. Description of record or relevant part of record:
   ........................................................................................................................................

2. Reference number if available: ........................................................................................................

3. Any further particulars of record: ...................................................................................................

E. FEES

(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(S)

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, please state the disability and indicate in which form the record is required.

<table>
<thead>
<tr>
<th>Disability:</th>
<th>Form in which record is required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Disability:**

<table>
<thead>
<tr>
<th>Form in which record is required:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Please mark the appropriate box with an X**

**NOTES:**

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

(b) 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 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.

1. If the record is in written or printed form:

<table>
<thead>
<tr>
<th>copy of record</th>
<th>inspection of record</th>
</tr>
</thead>
</table>

2. If a record consists of visual images-
(Includes photographs, slides, video recordings, computer-generated images, sketches etc.):

<table>
<thead>
<tr>
<th>View images</th>
<th>Copy of images</th>
<th>Transcription of images</th>
</tr>
</thead>
</table>

3. If record consists of recorded words or information which can be reproduced in sound:

<table>
<thead>
<tr>
<th>Listen to the soundtrack</th>
<th>Transcription of soundtrack</th>
</tr>
</thead>
<tbody>
<tr>
<td>(audio cassette)</td>
<td>(written or printed document)</td>
</tr>
</tbody>
</table>

4. If record is held on computer or in an electronic or machine-readable form

<table>
<thead>
<tr>
<th>Printed copy of record</th>
<th>Printed copy of information derived from the record</th>
<th>Copy in computer readable form (stiffy or compact disc)</th>
</tr>
</thead>
</table>

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Postage is payable.**

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 do you prefer the record? .................................................................
G. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified in writing whether your request has been approved or denied. If you wish to be informed thereof 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?

How would you prefer to be informed of the decision regarding your request for access to the record?

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

...........................................................

SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

H. FOR DEPARTMENTAL USE

Reference Number………………………….

Request Received by (State rank, name and surname of Information Officer / Deputy Information Officer)

...........................................................

Date: ………………………………………………………………………………………………………

Place: ………………………………………………………………………………………………………

Request Fee (if any) R……….

Deposit (if any) R……….

Access Fee R……….

............................................................

SIGNATURE OF INFORMATION OFFICER/ DEPUTY INFORMATION OFFICER
# FEES SCHEDULE

<table>
<thead>
<tr>
<th>REQUEST FEE</th>
<th>R35</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REPRODUCTION / ACCESS FEES</strong></td>
<td></td>
</tr>
<tr>
<td>The manual: For every photocopy of an A4-size page or part thereof. Also any other A4-size photocopy.</td>
<td>60c</td>
</tr>
<tr>
<td>Every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form.</td>
<td>40c</td>
</tr>
<tr>
<td>For a copy in a computer-readable form on: stiff disc</td>
<td>50c</td>
</tr>
<tr>
<td>compact disc</td>
<td></td>
</tr>
<tr>
<td>Transcription of visual images, for an A4-size page or part thereof.</td>
<td>R22</td>
</tr>
<tr>
<td>For a copy of visual images.</td>
<td>R60</td>
</tr>
<tr>
<td>For a transcription of an audio record for an A4-size page or part thereof.</td>
<td>R12</td>
</tr>
<tr>
<td>For a copy of an audio record.</td>
<td>R17</td>
</tr>
</tbody>
</table>

To search for and prepare the record for disclosure, R15 for each hour or part of an hour, excluding the first hour, reasonably required for search and preparation.

*For the purposes of section 22 (2) of the Act, the following applies:*

(a) Six hours as the hours to be exceeded before a deposit is payable
(b) One third of the access fee is payable as a deposit by the requester.

The actual postage is payable by the requester when a copy of a record must be posted.