



Township of Howick
Request for Access to Municipal Records

Date of request: _____

Name of requesting individual or organization:

Description of information requested (please note that requestors may be charged for staff time if the search for records exceeds 1 hour and the rate will be \$50.00 per hour or part thereof):

Are copies required: Yes _____ No _____
(please note that copying fees are \$0.50 per page)
Signature of person requesting municipal records: _____

Documentation release date: _____

Signature for receipt of requested documentation:

Date: _____ Signature: _____

Name: _____
(please print)

Office Use

Access to records granted? Yes _____ No _____

Copies of records made: Yes _____ No _____

_____ pages @ current fees = \$_____

Staff time incurred to search for records: Yes _____ No _____

_____ hours of staff time @\$50.00/hour = \$_____

Approved for release by: _____ Date: _____