



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 plus HST (per hour or part thereof)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are copies required: Yes \_\_\_\_\_ No \_\_\_\_\_  
(please note that copying fees are per current fees & charges by-law)

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 + HST = \$\_\_\_\_\_

Approved for release by: \_\_\_\_\_ Date: \_\_\_\_\_