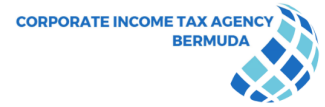


**PUBLIC ACCESS TO INFORMATION
INFORMATION REQUEST FORM**



Requester Details:

Surname:		Please Circle One: Mr./Mrs./Ms./Miss./Other
First Name:		
Postal Address:		
Email Address:		
Contact Number		Please Circle One: Home / Work / Cell
Record Requested (please include as much detail as possible, including dates)		Please Indicate if additional pages are attached, include number of pages. Additional Pages: Yes / No No. of Pages Attached: _____
Format of Request:	Electronic Copy (via email): Yes / No Hard Copy (photocopy): Yes / No Inspection at Office: Yes / No	Emails will be sent to the email address as indicated in this Form unless otherwise specified.

Signature of Requester: _____ Date (dd/mm/yyyy): _____

Official Use Only:

Date Received By Information Officer	
Date Acknowledgement Letter Sent By IO	
Bermudian/Bermuda resident verified	Yes / No
Identity Verification Details	
PATI Request Reference Number	