

FREEDOM OF INFORMATION APPLICATION FORM



FREEDOM

Please read the information for applicants on the reverse before you fill in this form.

Application made to (name of public authority): <u>DEH</u>	
Details of applicant: <u>SEE BELOW DETAILS</u>	
Surname (Family Name): <u>KYNES</u>	First Name: <u>RONALD</u>
Organisation (if relevant): _____	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Other
Postal address: <u>P.O. Box 33 WESTEND CAYMAN BRAC</u>	Postal code: <u>KY 2-2001</u>
Home phone number: <u>345-929-6604</u>	Mobile phone number: <u>345-929-6604</u>
Email Address: <u>FOOTSCAYMANBRAC@YAHOO.COM</u>	Fax: _____

Details of Request:

<p>I request access to record(s) covering matters which are:</p> <p>1. Personal <input checked="" type="checkbox"/></p> <p>Please include the name of the person to whom the information refers: <u>RONALD G KYNES SR</u></p> <p>2. Non-personal <input type="checkbox"/> (<u>AKA FOOTS</u>)</p>	<p>Office use only</p> <p>Identity verified? (personal information only) _ Yes _ No</p> <p>Type of identification: _____</p> <p>Authorisation to make application? _ Yes _ No (Personal Information only)</p>
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The record(s) I request are: (attach additional pages if necessary)

ANY AND ALL RESPONSES TO THIS EMAIL. PLEASE BE SPECIFIC. NAMES DEPARTMENTS PERSONAL ALL ALONG WITH PHOTOS FROM EACH PERSONS OR DEPARTMENT. BE SPECIFIC THAT ARE LISTED IN THIS EMAIL FROM ROYDELL CARTER DEH DIRECTOR SEPT-26 2018-3:21 PM

Do you want your request to be expedited (answered in 10 days)? If yes, please attach an explanation

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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I wish to receive a copy/copies of the record(s) in the following format:

<input type="checkbox"/> photocopy	<input checked="" type="checkbox"/> electronic (via e-mail)
<input type="checkbox"/> compact disc (audio/video or data)	<input type="checkbox"/> transcript
<input type="checkbox"/> other (please specify)	Number of copies required:

The applicant must complete this section (tick appropriate box):

I want physical copies of the record(s) to be:	<input type="checkbox"/> I want to inspect / view / listen to the record(s)
<input type="checkbox"/> Delivered to me <input type="checkbox"/> Available to be picked up	<input checked="" type="checkbox"/> I want to have the record(s) e-mailed to me
Signature: <u>Ronald G. Kynes Sr.</u>	Date: <u>4/10/2019</u>

R. Kynes
4/10/19