

FREEDOM OF INFORMATION APPLICATION FORM



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

Application made to (name of public authority): PLANNING	
Details of applicant: SEE BELOW DETAILS	
Surname (Family Name): KYNES	First Name: RONALD
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: P.O. Box 33 WESTEND, CAYMAN BRAC	Postal code: KY2-2001
Home phone number: 345-929-6604	Work phone number: 345-929-6604
Email Address: FOOTSCAYMANBRAC@YAHOO.COM	Fax: _____

Details of Request:		Office use only
<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 FOOT S)</u></p>		<p>Identity verified? (personal information only)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of identification: _____</p> <p>Authorisation to make application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Personal Information only)</p>

The record(s) I request are: (attach additional pages if necessary)

ANY AND ALL RESPONSES TO THIS EMAIL PLEASE BE SPECIFIC
NAMES DEPARTMENTS PERSONAL AND ALONG WITH
PHOTOS FROM EACH PERSON OR DEPARTMENT BE SPECIFIC
THAT ARE LISTED IN THIS EMAIL FROM ROY DELH CARTER
DEH DIRECTOR. SEPT-26 2016-3:21 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
--	------------------------------

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: <i>Rebecca S. Brown</i>	Date: <i>4/10/2019</i>

Cynthia Stevens
4th Oct 2019