

# 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>PLANNING- DCB-CAYMAN BRAC</u>	
Details of applicant: <u>SEE BELOW QUESTIONS 105A PARCEL 59</u>	
Surname (Family Name): <u>KYNES</u>	First Name: <u>RONALD</u>
Organisation (if relevant): <u>_____</u>	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Other
Postal address: <u>PO BOX 33 WESTEND CAYMAN BRAC</u>	Postal code: <u>KY-2-2001</u>
Home phone number: <u>345-929,6604</u>	Work phone number: <u>345-929,6604</u>
Email Address: <u>RON@CAYMANBRAC.COM</u>	Fax: <u>_____</u>

Details of Request: SEE BELOW

<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 KYNES, SR</u></p> <p>2. Non-personal <input type="checkbox"/></p>	<p><b>Office use only</b></p> <p>Identity verified? (personal information only)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of identification: <u>_____</u></p> <p>Authorisation to make application?  <input type="checkbox"/> Yes <input type="checkbox"/> No  (Personal Information only)</p>
--	--

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

105A PARCEL 59 SOUTHSIDE WEST CAYMAN BRAC  
QUESTIONS ACCORDING TO THE LAW WHAT IS THIS  
PARCEL- DESIGNATED FOR, WHAT IS THE PURPOSE  
OF THIS PARCEL, WHAT CAN IT BE USED FOR AND  
WHO ARE RESPONSIBLE FOR IT ACCORDING TO THE LAW!

SEE ATTACHMENTS - LAND RECORD PRIVATE INSTITUTE

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: <u>Ronald Kynes Sr.</u>	Date: <u>5/10/2019</u>

Andrea Thurn  
10th Oct 2019