

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):

Details of applicant:

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>P.O. BOX 33, WEST END</u>	Postal code: <u>KY2-2001</u>
Home phone number: <u>CAYMAN BRAC</u>	Work phone number: <u>345-929-6604</u>
Email Address: <u>FOOTSCATMANBRAC@YAHOO.COM</u>	Fax: <u>—</u>

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 KYNES</u></p> <p>2. Non-personal <input type="checkbox"/></p>	<p>Office use only</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>
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The record(s) I request are: (attach additional pages if necessary)

DISTRICT ADMIN, CATMAN BRAC
SEE ATTACHED PAGE

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 type="checkbox"/> electronic (via e-mail)
<input type="checkbox"/> compact disc (audio/video or data)	<input type="checkbox"/> transcript
<input checked="" type="checkbox"/> other (please specify) <u>EMAIL</u>	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</u>	Date: <u>11 SEPTEMBER 2019</u>

Ronald Kynes (AKA Foots)
P. O. Box 33
West End, Cayman Brac
Cayman Islands KY2-2001
Email: Footscaymanbrac@yahoo.com

11 September 2019

Please provide any and all information regarding any and all complaints against me or my art that has been made to the Office of Public Prosecutions, the Legal Department or the Royal Cayman Islands Police Service. Please include copies of all original complaints as well as any photographs that were provided.

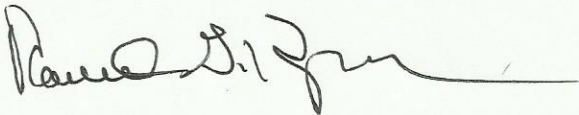
Please also provide the names, titles and positions of all persons working in the Department of Environmental Health, Planning, the Governor's Office, any Members of the Legislative Assembly, and anyone in the Deputy Premiere's Office and Premiere's Office who have had any involvement whatsoever in my case or in the complaints made against me.

Please also provide any and all information pertaining to my art, along with any photographs that was received by any and all of the persons listed above, as well as any communications by those persons about my art prior to my arrest on 18 July 2017, and after my arrest on 18 July 2017.

Please be specific regarding the times, dates, and nature of the information provided, and please specifically identify the parties of any communications provided.

I await your reply to this request for information.

With gratitude for your prompt attention in this matter,

A handwritten signature in black ink, appearing to read 'Ronald G. Kynes', followed by a long horizontal flourish.

Ronald G. Kynes
(AKA Foots)