



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>ALL LISTED BELOW SEE EMAIL ATTACHED</u>	
Details of applicant: <u>SEE BELOW INFORMATION DIST-ADMIN CAYMAN BRAC</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>P.O. Box 33 WEST END BRAC CAYMAN</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>FOOTSCAYMANBRAC@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 G KYNES SR AKA FOOTS</u></p> <p>2. Non-personal <input type="checkbox"/></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)

<p><u>DEH</u> <u>ERNIE SCOTT DIST ADMIN CAYMAN BRAC</u></p> <p><u>PPP</u> <u>ALL RESPONSES FROM ALL PARTIES LISTED</u></p> <p><u>RLIP</u> <u>IN THIS EMAIL FROM ROYDELL CARTER SEPT 26-2016</u></p> <p><u>ALL</u> <u>3.21-PM HELLO ALL, PLEASE BE SPECIFIC</u></p> <p><u>ALL</u> <u>ALL PARTIES INVOLVED, ALL PARTIES!</u></p> <p><u>ALONG WITH PHOTOS</u></p>
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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):

<p>I want physical copies of the record(s) to be:</p> <p><input type="checkbox"/> Delivered to me <input type="checkbox"/> Available to be picked up</p>	<p><input type="checkbox"/> I want to inspect / view / listen to the record(s)</p> <p><input checked="" type="checkbox"/> I want to have the record(s) e-mailed to me</p>
Signature: <u>Ronald G. Kynes</u>	Date: <u>SEPT. 17-2019</u>

04/10/2019