

## CITY OF CAPE TOWN

### REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 6]

#### A. PARTICULARS OF PUBLIC BODY

Postal Address:

The Information Officer

or

Corporate Deputy Information Officer

Private Bag 298

Cape Town

8000

Telephone number: (021) 400 2151

Fax number: (021) 400 1245

E-mail: [Lungelo.Mbandazayo@capetown.gov.za](mailto:Lungelo.Mbandazayo@capetown.gov.za)

#### B. PARTICULARS OF PERSON REQUESTING ACCESS TO RECORD(S)

- (a) The particulars of the person who requests access to the record must be given below.  
(b) The address and / or fax number in the Republic to which the information is to be sent, must be given.  
(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full Names and Surname: .....

Identity Number: .....

Postal Address: .....

.....

Telephone Number: .....

Fax Number: .....

E-Mail Address: .....

Capacity in which request is made when made on behalf of another person.

.....

.....

#### C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE:

This section must be completed ONLY if a request is made on behalf of another person.

Full Names and Surname: .....

Identity Number: .....

**D. PARTICULARS OF RECORD(S)**

- (a) Provide full particulars of the record(s) to which access is requested, including the reference number if it is known to you, to enable the record to be located.
- (b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. **The requester must sign all additional folios.**

1. Description of record or relevant part of record:  
.....  
.....  
.....
2. Reference number if available: .....
3. Any further particulars of record: .....

**E. FEES**

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee** has been paid.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) **The fee payable for access** to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees  
.....  
.....

**F. FORM OF ACCESS TO RECORD(S)**

If you are prevented by a disability to read , view or listen to the record in the form of access provided for in 1 to 4 below, please state the disability and indicate in which form the record is required.

Disability:	Form in which record is required :

Please mark the appropriate box with an **X**

**NOTES:**

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

1. If the record is in written or printed form:

copy of record	<input type="checkbox"/>	inspection of record	<input type="checkbox"/>
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2. If a record consists of visual images-  
(Includes photographs, slides, video recordings, computer-generated images, sketches etc.):

View images	<input type="checkbox"/>	Copy of images	<input type="checkbox"/>	Transcription of images	<input type="checkbox"/>
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3. If record consists of recorded words or information which can be reproduced in sound:

Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack (written or printed document)	<input type="checkbox"/>
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4. If record is held on computer or in an electronic or machine-readable form

Printed copy of record	<input type="checkbox"/>	Printed copy of information derived from the record	<input type="checkbox"/>	Copy in computer readable form (stiffy or compact disc)	<input type="checkbox"/>
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If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Postage is payable.**

Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.

In which language do you prefer the record? .....

CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD

**G. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

You will be notified in writing whether your request has been approved or denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

.....  
.....  
.....

Signed at.....this.....day of.....20....

.....  
SIGNATURE OF REQUESTER/PERSON  
ON WHOSE BEHALF REQUEST IS MADE

**H. FOR DEPARTMENTAL USE**

Reference Number.....

Request Received by (State rank , name and surname of Information Officer / Deputy Information Officer)

.....  
.....

Date: .....

Place: .....

Request Fee (if any) R.....

Deposit (if any) R.....

Access Fee R.....

.....  
SIGNATURE OF INFORMATION OFFICER/  
DEPUTY INFORMATION OFFICER

# CITY OF CAPE TOWN

## NOTICE OF INTERNAL APPEAL

(Section 75 of the Promotion of Access To Information Act, 2000 (Act No. 2 of 2000))  
[Regulation 8]

STATE YOUR REFERENCE NUMBER: .....

### A. PARTICULARS OF PUBLIC BODY

Postal Address:

The Information Officer

or

Corporate Deputy Information Officer  
Private Bag X9181  
Cape Town  
8000

Telephone Number: (021) 400 2151

Fax Number: (021) 400 1245

E-mail: [Lungelo.Mbandazayo@capetown.co.za](mailto:Lungelo.Mbandazayo@capetown.co.za)

### B. PARTICULARS OF REQUESTER/THIRD PARTY WHO LODGES THE INTERNAL APPEAL

- a) The particulars of the person who lodges the internal appeal must be given below.
- b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.
- c) If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at "C" below.

Full Names and Surname: .....

Identity Number: .....

Postal Address: .....

.....

.....

Telephone Number: .....

Fax Number: .....

E-Mail Address: .....

Capacity in which an internal appeal on behalf of another person is lodged:

.....

.....

.....

**C. PARTICULARS OF REQUESTER**

This section must be completed ONLY if a third party (other than the requester) lodges the internal appeal

Full Names and Surname:.....

Identity Number:.....

**D. THE DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED**

Mark the decision against which the internal appeal is lodged with an "X" in the appropriate box.

	Refusal of request for access
	Decision regarding fees prescribed in terms of section 22 of the Act.
	Decision regarding the extension of the period within which request must be dealt with in terms of section 26(1) of the Act.
	Decision in terms of section 29(3) of the Act to refuse access in the form as requested by the requester.
	Decision to grant request for access.

**E. GROUNDS FOR APPEAL**

If the provided space is inadequate, please continue on a separate folio and attach it to this **form**. You must sign all the additional folios.

1. State the grounds upon which the internal appeal is based.

.....  
.....  
.....  
.....  
.....  
.....

2. State any other information that may be relevant in considering the appeal.

.....  
.....  
.....

**F. NOTICE OF DECISION ON APPEAL**

You will be notified in writing of the decision on your internal appeal. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request

1. State the manner:.....  
.....

2. Particulars of manner:.....  
.....

Signed at .....this.....day of.....20....

.....  
SIGNATURE OF APPELLANT

**FOR DEPARTMENTAL USE**

**OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received on:.....(date)  
by .....

(State rank, name and surname of Information Officer/ Deputy Information Officer)

Appeal accompanied by the reasons for the Information Officer's/ Deputy Information Officer's decision and, where applicable, the particulars of any third party to whom or which the records relate, submitted by the Information Officer/ Deputy Information Officer on .....(date) to the relevant authority.

**OUTCOME OF APPEAL**

DECISION OF INFORMATION OFFICER/ DEPUTY INFORMATION OFFICER  
CONFIRMED/NEW DECISION SUBSTITUTED

**NEW DECISION**

.....  
.....  
.....  
.....

DATE ..... RELEVANT AUTHORITY.....  
RECEIVED BY THE INFORMATION OFFICER / DEPUTY INFORMATION OFFICER  
FROM THE RELEVANT AUTHORITY ON (date): .....