*Form No. 2*

REQUEST FOR ACCESS TO INFORMATION

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| **Applicant (full name / organization name, address / headquarters, phone and/or email)** |
|  |
|  |  |  |  |
| **Public authority name / headquarters and address** |
|  |
|  |  |  |  |
| **Requested information** |
|  |
|  |  |  |  |
| **Preferred method of access to information (mark the option)** |
| * direct access to information,
* access to information in written form
* inspection of documents and making copies of documents containing the requested information,
* delivery of copies of documents containing the requested information,
* other appropriate means (electronically or otherwise) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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(handwritten signature of the applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(location and date)

*Note: The public authority has the right to charge the applicant for actual material costs related to the provision and delivery of the requested information.*

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