OMBUDSMAN
CAYMAN ISLANDS

FREEDOM OF INFORMATION REQUEST FORM

Applications can be made under a pseudonym.

Application made to (name of authority):

Details of Applicant:

Surname (Family Name):	First Name:
Organisation (if relevant)	☐ Mrs. ☐ Ms. ☐ Miss ☐ Mr. ☐ Other
Postal Address:	Postal Code:
Home Phone Number:	Work Phone Number:
Email Address:	Fax:

Details of Request:

I request access to record(s) covering matters which are: 1. Personal ◯ Please include the name of the person to whom the information refers: _____ 2. Non-Personal ◯	**Office Use Only** Identity verified? (personal information only) ☐ Yes ☐ No Type of identification: _____ Authorization to make application? ☐ Yes ☐ No (personal information only)

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

Do you wish for your request to be expedited? (see back and, if yes please attach an explanation)

☐ No	☐ Yes

I wish to receive a copy/copies of the record(s) in the following format:

☐ Photocopy	☐ Electronic (via email)
☐ Compact Disc (audio / video data)	☐ Transcript
☐ 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: ☐ Delivered to me ☐ Available for pick-up	☐ I want to inspect / view / listen to the record(s) ☐ I want to have the record(s) emailed to me
SIGNATURE: _____	DATE: _____

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