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**Access To Information Act 2002, Application forms for external request for information.**

<b>1. Name of entity making the request:</b>
<b>2. Name of individual requesting information (Please print):</b>
<b>3. Name of Person whose information is being requested:</b>
<b>4. Contact Information:</b> <i>Address: (please indicate the address to which correspondence related to your application should be sent)</i> <b>Mailing Address:</b> _____ <b>Business Address:</b> _____ _____ _____ <b>Telephone: (work/home):</b> _____ <b>Mobile Number:</b> _____ <b>Fax Number:</b> _____ <b>Email:</b> _____
<b>5. Description of Document Being Requested:</b> <b>Name/Type(s) of Document:</b> _____ <b>Reference/File No:</b> _____ <b>Other Pertinent Information relating to the file being requested:</b> _____
<b>6. Options for Access to Information for the file being requested: (Please indicate the action(s) being requested.)</b> <b>Inspect the document(s)</b> <input type="checkbox"/> <b>Listen to the document(s)</b> <input type="checkbox"/> <b>View the document(s)</b> <input type="checkbox"/> <b>Have copy(ies) of the document made available to me in the following format:</b> <b>Transcript</b> <input type="checkbox"/> <b>Photocopy</b> <input type="checkbox"/> <b>Compact Disc</b> <input type="checkbox"/> <b>Diskette</b> <input type="checkbox"/> <b>Other (please specify option):</b> _____
<b>7. Number of copies requested: (include the number of copies made and the number of pages)</b>
<b>8. Amount Collected/Paid: \$</b>
<b>9. Signature of Applicant:</b> _____ <b>Date:</b> _____
<b>PLEASE NOTE:</b> - payment is required before copies will be made - information on available formats and process per copy may be obtained from the relevant public authority - where the provision of copies in the requested format is not possible, an alternative format, as may be agreed between the parties, will be made available.
<b>10. FOR OFFICIAL USE ONLY</b> If the form was not completed by the applicant this section is to be completed by the ATI Officer. <b>ATI Officer Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____