

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

[Section 53(1) of the Promotion of Access to Information Act, 2000  
(Act No. 2 of 2000)]

**[Regulation 10]**

**A. Particulars of private body**

MidCity Utilities (Pty) Ltd. Registration No. 2014/115245/07. Vat No. 4040273049  
1<sup>st</sup> Floor, MidCity Corner, 500 Jorissen Street  
Sunnyside East, Pretoria  
PO Box 4945, Pretoria, 0001

Telephone number: 012 426 3400 (Switchboard)

Website: [www.midcityutilities.co.za](http://www.midcityutilities.co.za)

Request to be address to:

The Information Officer / Deputy Information Officer:

**Mr. Marius Alberts**

E-mail: [compliance@midcity.co.za](mailto:compliance@midcity.co.za)

**B. Particulars of person requesting access to the record**

Full names and surname:	
Identity Number:	
Postal Address:	
Fax number:	
Telephone 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 only be completed if a request for information is being made on behalf of another person.*

Full names and surname:	
Identity Number:	

**D. Particulars of record**

*The requestor must provide full particulars of the record to which access is requested, including any reference number if that is known to the requestor, to enable the record to be located. You are welcome to attach an annexure (which must be signed) to this request form should the space provided herein be insufficient.*

Description of record or relevant part of the record:	
Reference number, if available:	
Any further particulars of record:	

**E. Fees**

*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. Insure City will, upon receipt of your request, notify you of the amount required to be paid as the request fee. 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. If you qualify for exemption of the payment of any fee, please state the reason for exemption.*

**F. Form of access to record**

<i>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 hereunder, state your disability and indicate in which form the record is required.</i>	
Disability: _____	Form in which record is required: _____

Mark the appropriate box with an **X**.

- (a) Compliance with your request 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.

<b>1. If the record is in written or printed form:</b>			
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
<b>If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
<input type="checkbox"/>	View the images	<input type="checkbox"/>	transcription of the images*
<b>2. If record consists of recorded words or information which can be reproduced in sound:</b>			
<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
<b>3. If record is held on computer or in an electronic or machine-readable form:</b>			
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*
<input type="checkbox"/>		<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)
If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? <b>Postage is payable.</b>			Yes      No

**G. Particulars of right to be exercised or protected**

You are welcome to attach an annexure (which must be signed) to this request form should the space provided herein be insufficient.


Indicate which right is to be exercised or protected:

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Explain why the record requested is required for the exercise or protection of the  
aforementioned right:


**H. Notice of decision regarding request for access**

*You will be notified in writing whether your request has been approved/denied. If you wish to be informed 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