

## Access to Information Request

(under ESA's Access and Privacy Code)

ESA Account #:

Date:

**Method of Payment:**

Charge to ESA Account

Credit Card

If you are on account with us and wish to pay by credit card, please check the ESA account customer box to the right and provide the last four digits of the card we have saved on file to your account.

**ESA account customer** - provide the last 4 digits of the credit card saved on file \_\_\_\_\_

**One-time / non-account customer**

To comply with Credit Card Payment security requirements, an ESA representative will contact you during regular business hours (M-F, 7:00 AM - 4:30 PM) to process your credit card payment. Please **DO NOT** include any credit card information on this form.

\*A standard fee of \$76 (including HST) will be charged.

Note: an additional Access and Privacy Review fee of \$165 per hour plus HST will be applied for processing and review of certain requests. If these additional fees are applicable, you will be contacted prior to processing.

**Requestor Information:**

File No.: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Description of Records Requested:**

**Specific Site Address to be Searched (if applicable):**

As the requestor, indicate if you are:   
 Owner of property identified below   
 Tenant of property identified below   
 Agent of the owner or tenant   
 Other Describe: \_\_\_\_\_

Site/Company Name: \_\_\_\_\_

Civic #: \_\_\_\_\_ Street: \_\_\_\_\_

Alternate street name if #'d Regional Rd, County Rd, Hwy: \_\_\_\_\_

Phase: \_\_\_\_\_ Block: \_\_\_\_\_ Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_ Sub Div Lot: \_\_\_\_\_ Sub Div Part Lot: \_\_\_\_\_

City/Town: \_\_\_\_\_ Twp/Region: \_\_\_\_\_

Intersection: \_\_\_\_\_

**Time Period of Requested Records (if applicable):**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**ESA OFFICE USE ONLY:**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Information submitted on this form is subject to ESA's Access and Privacy Code (the "Code"). Personal information submitted on this form is collected under ESA's Customer Privacy Policy (the "Privacy Policy") and will be used to process your request. Copies of the Code and the Privacy Policy are on ESA's website (www.esasafe.com).