

Low-Level Radioactive Waste
 Management Office
 196 Toronto Road
 Port Hope, Ontario. L1A 3V5
 Tel: (905) 885-9488
 Fax: (905) 885-0273

Request for Property File Information

Date of Request:	_____		
Requested Property Address or Description:	_____		
Property Owner's Name and address:	_____		
Requester's Name:	_____		
Mailing Address:	_____		
Telephone Number:		Fax Number:	
Email:	_____		

Details of information being sought (e.g. Radiological Status Letter, radon readings or entire file).

Method of Access Preferred: electronic file hard copy file

I am the Property Owner Owner's Authorized Agent Non-Owner

Requester's Signature: _____

Note: As a courtesy, AECL will notify the property owner that this information is being requested, but will not disclose the identity of the person making the request. Personal information collected on this form is required for communication purposes to respond to your request on Property File Information and is protected under the federal *Privacy Act*. For additional information please contact the Access to Information and Privacy Director at AECL (www.aecl.ca/contact/access) or go to Info Source (www.infosource.gc.ca/index-eng.asp) and refer to "Institute-Specific Personal Information Bank AECL PPU 007."

Please forward this completed form to the Low-Level Radioactive Waste Management Office, 196 Toronto Rd., Port Hope, Ontario L1A 3V5; Fax: (905) 885-0273; email: info@llrwmo.org

THIS SECTION FOR OFFICIAL USE ONLY

Date Received:	_____		
File reviewed by:		Date:	_____
File redacted by:	<input type="checkbox"/> LLRWMO	<input type="checkbox"/> AECL - ATIP	
Date cleared for release:	_____		
Follow-up Action:	_____		
Notes:	_____		