

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

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

**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](http://www.aecl.ca/contact/access)) or go to Info Source ([www.infosource.gc.ca/index-eng.asp](http://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](mailto:info@llrwmo.org)**

**THIS SECTION FOR OFFICIAL USE ONLY**

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

**Notes:**

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