



FINANCING LOCALLY LED CLIMATE ACTION FLLOCA PROGRAM – NAROK COUNTY



Tel: 020 26888929
Direct Line: 020 2688903
P. O. Box 898, 20500 Narok, Kenya

Website: www.narok.go.ke
Email: environment@narok.go.ke
Environment HQ, Narok Nakuru Highway

GRM_ACCESS TO INFORMATION REQUEST FORM

(To be filled in duplicate)

Ref. No.

SECTION A: PERSONAL DETAILS

Requester's Name: Nationality:

Gender (Male/ Female/Other): ID Number: Age:

Postal Address: Village/Ward/Sub-County: Mobile No.

..... Email (where applicable)

Occupation: Disability (Yes/ No): If yes, type of disability:

.....

Member of Vulnerable/Minority Group (Yes/ No):..... If yes, describe:

SECTION B: DESCRIPTION OF INFORMATION REQUESTED

ITEM	DESCRIPTION
Type of information requested for	
I would like to <i>(tick all that apply)</i>	<input type="checkbox"/> Inspect the record <input type="checkbox"/> Listen to the record <input type="checkbox"/> Have a copy of the record availed to me
Delivery Method <i>(tick where applicable)</i>	<input type="checkbox"/> Collection in person <input type="checkbox"/> By email <input type="checkbox"/> By mail
Does the information requested concern the life or liberty of any person?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(explain)</i>

Is the request being made on behalf of another person or group of persons?	() No
	() Yes (<i>explain</i>)

	() No
	() Yes (<i>explain</i>)

Place of Submission

Signature of Applicant

Date

SECTION C: For Official Use

Name of Receiving Officer

Date

Decision taken

.....

Date of communicating decision



SECTION D: Acknowledgement Slip

Ref. No. **Date of making request**.....

Place of submission.....

Signature of receiving officer.....