**REQUEST TEMPLATE**

**The Republic of Serbia**

**Security-Information Agency**

 **B e l g r a d e**

bb, Kraljice Ane St.

**R E Q U E S T**

**for access to information of public importance**

 Based on the Article 15 paragraph 1 of the Law on Free Access to Information of Public Importance (“Official Gazzette of RS”, No. 120/04, 54/07, 104/09 and 36/10), I ask the said state authority to be allowed to grant my right to access information in one of the following ways (*please, circle the ordinal number or ordinal numbers*):

1. To inform me whether it holds the information this request refers to
2. To inform me whether the needed information is available or not
3. To allow me access to the document containing the needed information
4. To deliver to me a copy of the document containing the needed information
5. To deliver to me a copy of the document containing the needed information or a notification whether it holds the said information:

5а) by mail, to the address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5b) by email, to the address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5c) by fax, to the No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The needed information or the document name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Describe as precisely as possible the needed information, specifying other data that would facilitate finding the needed information)

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| --- | --- |
| In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, On \_\_\_\_\_\_, 201\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_name, surname or title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_other contact data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature |