

SCHEDULE 2

FORMS

THE ACCESS TO INFORMATION ACT, 2005

THE ACCESS TO INFORMATION REGULATIONS, 2011

REQUEST FORM

(Please use a separate request form for each document requested)

1. Name of public body

(Please state the title of the institution from which you are requesting access to a record)

CIVIL AVIATION AUTHORITY  
ATTN: EXECUTIVE DIRECTOR

2. Name of requester

EDWARD RONALD SEKYEWA  
Hub for Investigative Media

3. Particulars of requester

(Please indicate the address to which correspondence related to your request should be sent)

Postal Address: P. O Box 29275 KAMPALA

Physical address: BOMBO ROAD, KAMPALA

Plot No.: 28/30

Street: BOMBO ROAD

Town/City: KAMPALA

Telephone No: 0775 - 18 55 98

Fax No:

Email address: edwardronalds16@gmail.com

Other:

C.A.A  
Received  
2/7/2013  
Florence

4. Description of record  
(Please state all the information available to you which will assist in processing your request)

Name/Type of document  
(If known)

C.A.A INVESTMENTS IN IMPROVING AIR TRAVEL  
IN UGANDA DURING FY 2012/13.

Reference/File No.  
(If known)

5. Contents of document  
(Give brief description)

The document should indicate all investments made by CAA in the country during the FY 2012/13, giving a breakdown of how much money was spent for every project.

6. Other

(Please state any other details that may be relevant to the processing of the request)

7. I would like to:  
(Please check the relevant options)

- (a) Inspect the record
- (b) Listen to the record
- (c) View the record
- (d) Have copies made available to me in the following format:-
  - i. Photocopy
  - ii. Compact disc
  - iii. Diskette
  - iv. USB mass drive
  - v. Transcript
  - vi. Other (please specify); and
- (e) Other (please specify)

8. Number of copies required: ..... 1 COPY

9. Request on behalf of another person  
.....  
.....

Signature of requester: ..... 

Date: ..... 30th JUNE 2013