



APPLICATION FOR ACCESS TO PUBLI INFORMACION
LAW 20.285

Instructions: Complete the form in Capital Letters

IDENTIFICATION OF THE APPLICANT (mandatory)			
First name, middle name, last name/corporate name			
Name, Middle Name, Last Name of the representative agent			
Address	Street	Number:	Apt.:
	District	City	Region

REQUEST INFORMATION (mandatory)			
Name of the entity for the Application			
Identification of the requested information. Please refer to the matter, issuing date or period in force, origin or destiny, support, etc			
Notification (Mark X and specify) <input type="checkbox"/> <input type="checkbox"/>			
I wish to be notified by email	Yes <input type="checkbox"/>	No <input type="checkbox"/>	email _____
Reception of the information requested (mark X)		Delivery format (mark X)	
email <input type="checkbox"/>	post <input type="checkbox"/>	office <input type="checkbox"/>	Specify office <input type="checkbox"/>
Hard copy <input type="checkbox"/>		digital <input type="checkbox"/>	

Remarks	
This is for access to information, it only enables to provide information to the service about any situation considered relevant for access information purposes	

Date	<input type="text"/>	Applicant Signature (mandatory)	_____
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STATISTICS INFORMATION (optional)

PERSONAL DATA			
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Age	ID	Nationality
Type of organization the applicant participates		Occupation	
Parent board <input type="checkbox"/>	Sport Club <input type="checkbox"/>	House hold <input type="checkbox"/>	student <input type="checkbox"/>
Professional college <input type="checkbox"/>	credit unions <input type="checkbox"/>	retired <input type="checkbox"/>	unemployed <input type="checkbox"/>
Church/religion entity <input type="checkbox"/>	old people organization <input type="checkbox"/>	employee <input type="checkbox"/>	Employer <input type="checkbox"/>
Women organizations <input type="checkbox"/>	youth organization <input type="checkbox"/>	independent <input type="checkbox"/>	Medical center employee
neighbor centers <input type="checkbox"/>	political organization <input type="checkbox"/>	Investigator/Scholar <input type="checkbox"/>	Journalist <input type="checkbox"/>
trade union <input type="checkbox"/>	cultural organization <input type="checkbox"/>	civil servant <input type="checkbox"/>	member of social civi <input type="checkbox"/>
environment org. <input type="checkbox"/>	other organizations <input type="checkbox"/>	business community <input type="checkbox"/>	organization <input type="checkbox"/>
		member <input type="checkbox"/>	union association <input type="checkbox"/>
		other <input type="checkbox"/>	member <input type="checkbox"/>
Frequency of participation in the entity			
Frequently <input type="checkbox"/>	from time to time <input type="checkbox"/>		
almost never <input type="checkbox"/>	just registered <input type="checkbox"/>		
Education level			
incomplete elementary <input type="checkbox"/>	complete elementary <input type="checkbox"/>	Incomplet high school	
complete high school <input type="checkbox"/>	Technical professional education	University/college <input type="checkbox"/>	
Post-degree (Master, PhD)	No education at all		

- Relevant information:
- The answer to your application deadline is 20 workdays. Though it could be postponed for 10 workdays more in justified cases.
 - The requested information will be provided as you wish, if the cost is not excessive.
 - The reproduction of this information may have a cost to pay. To fail the payment will result in no providing the information.

LEY N° 20.285 SOBRE ACCESO A LA INFORMACION PUBLICA

POR UN CHILE MAS TRANSPARENTE. GOBIERNO DE CHILE