FORM ATI 4

(r. 21)(1)

REPUBLIC OF KENYA ACCESS TO INFORMATION ACT, 2016 ACCESS TO INFORMATION (GENERAL) REGULATIONS, 2023

WITHDRAWAL OF REQUEST FOR INFORMATION

PART I – to be completed by Requester
TO:
(name of the public entity or private body from which access has been requested,
TAKE NOTE that –
I, having requested access to record
(name of requester)
by request dated
(date).
Signature:
Guidance on withdrawing a request for information can be found at www.ombudsman.go.ke or by contacting the Commission on Administrative Justice at:
P.O. Box 20414 – 00200 NAIROBI
Tel: +254-20- 2270000 /2303000 / 2603765 / 2441211 / 8030666
Email: info@ombudsman.go.ke / complain@ombudsman.go.ke
PART II – to be completed by Information Access Officer (or designate)
For Official Purposes
1. Date Received [STAMP]
2. I, Information Access Office at
(name of information access officer)
acknowledge withdrawal of the
(name of public entity or private body receiving request)
request to access information received on20, having reference number
(date)
Signature of Information Access Officer:
Date: 20