**Application for Access to Archival Records**

**(Household Registration Office of Longtan District, Taoyuan City)**

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| --- | --- | --- | --- | --- | --- |
| Name | | Date of birth | | ID number | Address / Phone number |
| Applicant | |  | |  |  |
| Representative:  ※Relationship with the applicant  ( ) | |  | |  |  |
| ※ Name of corporation, organization, firm, or business establishment:  (Please fill in the information of the administrator or representative in the applicant field above.) | | | | | |
| Applicant's Occupation: □Student □Military □Civil service □Education □Freelance  □Service industry □Other： | | | | | |
| No. | File number | | Description or subject of content | | Items applied for (More than one selection may be made) |
| Viewing & hand-copying  Duplicating black & white |
| 1 |  | |  | | □ Viewing & hand-copying  □ Duplicating black & white |
| 2 |  | |  | | □ Viewing & hand-copying  □ Duplicating black & white |
| 3 |  | |  | | □ Viewing & hand-copying  □ Duplicating black & white |
| * If there is necessity for the originals of No. ,   please write down the reason: . | | | | | |
| Purpose of application: □Historical Research □Academic research □Search for evidence  □Reference for business purposes □Safeguard the rights of a person  □Others (please explain in detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Submitted toHousehold Registration Office of Longtan District, Taoyuan City  Applicant’s signature: 　　　Representative’s signature:  Date: | | | | | |

**Instructions for Filling out the Application Form**

1. Fill out the sections marked with “※” if necessary. Complete all other sections.
2. For “ID Number” please fill out ID card or passport number.
3. An appointed representative should submit a letter of appointment; a statutory representative should

submit copies of supporting documents. Where an application involves access to personal information, proof of relationship must be furnished.

1. For legal persons, organizations, offices or business offices, please attach a copy of the registry certificate.
2. If the document submitted fits one of the circumstances specified in Article 18 of the Archives Act, this agency

may deny the application.

1. Viewing, copying or duplicating of archival records shall be conducted at the place and time designated by

the agency.

1. Viewing, hand-copying or duplicating archives shall comply with the relevant regulations (Archives

Application Specification) and shall not perform following behaviors:

(1) Add notes, alter, replace, extract, mark or deface archives.

(2) Disassemble the archives that have been bound.

(3) Damage the archive or change the content of the archive by other means.

1. Fees for viewing, hand-copying, duplicating archives: Handle in accordance with the "Fee Standards for

Viewing, Hand-copying or Duplication of Archives".

1. After filling out the forms, the following is the relevant way of application and contact

information:

Household Registration Office of Longtan District, Taoyuan City

Address: No. 700, Zhongxing Rd., Longtan Dist., Taoyuan City

Tel: 03-4792394 Extension: 203

1. If any irregularities or incomplete information found by the accepting agency while inspecting, please

make corrections within 7 days after being notified; if the applicant fails to make corrections within the specified period, this agency may deny the application.