

臺中市西屯區戶政事務所檔案應用申請書

Xitun District Household Registration Office, Taichung City

Archives Access Application Form

申請書編號：

Application Form Number：

英語

姓 名 Name	出生 年月日 Date of Birth	身分證明文 件字號 ID number	住（居）所、聯絡電話 Address and contact numbers			
申請人 Applicant			地址 Address: 電話 Phone number: e-mail:			
※代理人與申請人之關係 () Relationship between Proxy and the Applicant ()			地址 Address: 電話 Phone number: e-mail: :			
※法人、團體、事務所或營業所名稱 Name of Entity、Organization、Firm or Office 地址 Address: (管理人或代表人資料請填於上項申請人欄位) (Please fill in information of administrator or representative in the applicant column above)						
序號 Serial Number	請先查詢檔案目錄後填入 Please search file catalog before filling in		申請項目（可複選） Application (multiple selections allowed)			
	檔號或文(編)號 Document Number or Serial Number	檔案名稱或內容要旨或其他可 供查詢檔號或文(編)號之資訊 Document Name or Subject or Other Searchable Information	閱覽 抄錄 View Copy	複製紙本 Printed Duplication 黑白 B & W 彩色 color		複製 電子檔 Digital Duplication
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

※序號 _____有使用檔案原件之必要，事由：

Serial Number _____has the necessity of using the original archive. Reason:

申請目的：☐歷史考證 ☐學術研究 ☐事證稽憑 ☐業務參考 ☐權益保障
☐其他（請敘明目的）：

Purpose of Application：☐History Examination ☐Academic Research ☐Evidence Proof
☐Reference ☐Rights Protection ☐Others(Please specify):

此致 臺中市西屯區戶政事務所

Here To Xitun District Household Registration Office

申請人簽章 Applicant Signature:

※代理人簽章※Proxy Signature：

申請日期 Application Date:

請詳閱後附填寫須知 Please read the attached instructions for filling form

填 寫 須 知

Instructions for Filling Out the Form

一、※標記者，請依需要加填，其他欄位請填具完整。

1. If applicable, please fill in columns marked with ※. Please fill in all other columns properly.

二、身分證明文件字號請填列身分證字號、護照或居留證號碼。

2.. Please fill in your ID card number, passport number, or residence permit number for the identification document number.

三、代理人如係意定代理者，請檢具委任書；如係法定代理者，請檢具身分關係證明文件影本。申請案件含有個人隱私資訊者，請併附身分證明文件影本。

3. For appointed proxy, please provide the letter of proxy. For legal proxy, please provide copies of related proving documents. If application includes personal privacy, please provide proving documents of relationship.

四、法人、團體、事務所或營業所請附登記證影本。

4. For entity, organization, firm or office applicants, please provide a copy of registration.

五、本機關檔案應用准駁依檔案法第18條、政府資訊公開法第18條、行政程序法第46條及其他法令之規定辦理。

5. The Office apply for Article 18 of the Archives Act(allow or deny), Article 18 of The Freedom of Government Information Law, Article 46 of the Administrative Procedure Act and other related regulations.

六、閱覽、抄錄或複製檔案，應於各機關（檔案閱覽規則）所定時間及場所為之。

6. Reading, copying, or reproducing archives should be done at the times and places specified by each organization (Archives Access Rules).

七、閱覽、抄錄或複製檔案，應遵守（檔案應用規範）有關規定，並不得有下列行為：

（一）添註、塗改、更換、抽取、圈點或污損檔案。

（二）拆散已裝訂完成之檔案。

（三）以其他方法破壞檔案或變更檔案內容。

7. When viewing, copying, or reproducing archives, the relevant provisions of the "Archived Documents Application Standards" must be observed, and the following actions are prohibited:

(i) Adding annotations, altering, replacing, removing, marking, or damaging archives.

(ii) Disassembling bound archives.

(iii) Damaging archives or altering their contents by other means.

八、檔案閱覽抄錄複製依檔案閱覽抄錄複製收費標準收取規費。

8. Fees will be charged according to Fee-charging Standard for Viewing, Hand-copying or

Duplicating of Records

九、應用檔案而侵害第三人之著作權或隱私權等權益情形時，應由申請人（代理人）自負責任。

9. When the use of files infringes on the copyright or privacy rights of a third party, the applicant (or proxy) shall bear the responsibility.

十、申請書填具後，得以親送、郵寄或傳真方式送臺中市西屯區戶政事務所，亦可於「臺中市政府服務e櫃檯/臺中市西屯區戶政事務所檔案應用申請」線上提出申請。

地址：臺中市西屯區市政北二路386號

電話：04-22550081

傳真：04-22552622

10. After completing the application form, you may submit it in person, by mail, or by fax to the Xitun District Household Registration Office in Taichung City. Alternatively, you can submit your application online through the "Taichung City Government e-Service Counter/Taichung City Xitun District Household Registration Office File Application" portal.

Address: No. 386, Shizheng North 2nd Rd., Xitun District, Taichung City

Tel: 04-22550081

Fax: 04-22552622

十一、其他應告知事項：閱覽檔案以使用本所提供之設備為原則，如需使用非本所提供之設備或器材，應於申請時載明並經本所許可。

11. Other matters to be informed: Access to archives shall be made using equipment provided by our firm. If you need to use equipment or materials not provided by our firm, you shall specify this in your application and obtain our permission.