

Request for Review Form

INFORMATION ABOUT YOU

Last Name

First Name

Name of Company or Organization (if applicable - optional)

Address

City

Province

Postal Code

Day Phone Number

Alternate Number

Fax Number

Email

INFORMATION ABOUT THE RECORDS YOU REQUESTED

Did you request:

- your own personal information.
- personal information about someone other than yourself (*attach proof that you have authority to receive the information requested*).
- general information.

To which local authority did you make your request?

What records did you wish to access? *Please provide a detailed description of the records you wished to access.*

REASON FOR REQUEST

- I have been refused access to all or part of the record.
- I have been notified that the record does not exist/cannot be found.
- I have been notified that the existence of the record shall neither be confirmed nor denied.
- I have not received a reply to my application, which I submitted days ago.
- I disagree with the need to extend the 30-day response period.
- My correction to a personal information record was not accepted as correct/verifiable.
- I am a third party, and I wish to request a review of a decision to give access to a record that affects my interests.
- I disagree with my request being transferred.
- I disagree with the manner of providing access.

FOR OFFICE USE ONLY

Date Received

Application Number - OIPC Number

Submit by Email

Please forward a copy of your original Access to Information request as well as a copy of the response you received from the public body along with the completed Request for Review