

# Request for Review Form B

## 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 personal information.
- personal information about someone other than yourself  
*(attach proof that you have authority to receive the information requested - see instructions).*
- 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.
- I disagree with the fees estimated.
- I disagree with the decision not to grant my fee waiver.
- I disagree with the collection of my personal information.
- I disagree with the use of my personal information.
- I disagree with the disclosure of my personal information.

## FOR OFFICE USE ONLY

Date Received  Application Number - OIPC Number