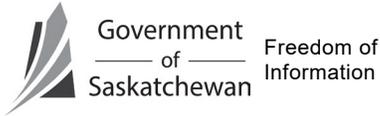


Form B

[Subsection 38(1) and (3) of Act]



**Request For
Review Form**

LOCAL AUTHORITY OF FREEDOM
OF INFORMATION AND
PROTECTION OF PRIVACY
Form B
[Subsections 38(1) and (3) of Act]

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 – 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

[Redacted]

[Redacted]