

Form 7 Request for Review

Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 32(1)

(Applicant)

TO: P qxc "Ueqvc "Kph to c v k p " c p f " R t k x c e { " E q o o k u k q p g t
P.O. Box 181
Halifax, NS B3J 2M4

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to _____ (*specify public body*) on the _____ day of , 20____, a copy of which Application or Request is attached to this Request for Review.

2. The applicant requests that the review officer review the following decision, act or failure to act of the head of the public body;

Check where applicable

____ (a) decision dated or made on the _____ day of _____, 20____, a copy of which is attached to this Request for Review;
____ (b) (*specify act or failure to act*) _____

3. The applicant requests that the review officer recommend that

Check where applicable

____ (a) the head of the public body give access to the record as requested in the Application for Access to a Record;
____ (b) the head of the public body correct the personal information as requested in the Request for Correction of Personal Information;
____ (b)[c] (*specify other recommendation or recommendations, if any, you consider appropriate*) _____

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant:
(*Street/Apartment No./R.R. No.*)

(*Community/County*)

(*Postal Code*)

Telephone Numbers of Applicant:
(*Residence*) _____ (*Business*) _____

Fax Number of Applicant: _____