

Form 7
Request for Review
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 32(1)
(Applicant)

TO: Review Officer

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) (*specify other recommendation or recommendations, if any, you consider appropriate*)

_____.

[Note: lettering as in original.]

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: _____