

Form 1 - APPLICATION FOR REVIEW

Freedom of Information and Protection of Privacy Act
Subsection 61(1)
(Applicant)

TO: Judy Haldemann
Acting Information and Privacy Commissioner
J. Angus MacLean Building, 2nd Floor
180 Richmond Street
P.O. Box 2000
Charlottetown, PE
C1A 7K7

1. This Application for Review arises out of a Request to Access Information submitted to

(Specify Public Body)

on the _____ day of _____, 200 __, a copy of which Request to Access Information is attached to this Application for Review.

2. The Applicant requests that the Commissioner review the following decision, act or failure to act of the head of the Public Body:

(Check where applicable)

___ (a) a decision dated or made on the _____ day of _____, 200 __, a copy of which is attached to this Application for Review;

___ (b) *(specify act or failure to act)* _____

3. The Applicant requests that the Commissioner order that:

(Check where applicable)

- (a) the head of the Public Body give access to the Record as requested in the Request to Access Information;
- (b) the head of the Public Body correct the personal information as requested in the Request to Access Information;
- (c) *(Specify other 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/Province)

(Postal Code)

Telephone Numbers of Applicant:

(Residence) _____ *(Business)* _____

Fax Number of Applicant:

****** *Please note that a copy of this Application for Review will be sent to the Public Body to which your Application applies*