

REQUEST FOR REVIEW

APPLICANT

Name (last, first, middle) or Corporation _____

Mailing Address _____

City, Town or Village _____ Territory/Province _____ Postal Code _____

Telephone : Home _____ Work _____ Fax _____

If you are applying as personal representative/guardian/legal custodian pursuant to Section 62 of the ATIPP Act, who is the person you are representing?

What is the name of the Public Body? (Please name **one** Public Body only)

REQUESTING A REVIEW OF A PUBLIC BODY'S DECISION

Check **one** appropriate box only.

I am requesting that the Information and Privacy Commissioner review the following:

- I have not yet received a reply to my access request #A-_____, which was made on _____.
- A public body or the Records Manager refused to grant access to the record I requested. [S.48(1)(a)]
- A decision by a public body or the Records Manager to separate or obliterate information from a record that I requested. [S. 48(1)(b)]
- A decision about the extension of time for responding to a request for access to records. [S.48(1)(c)]
- A decision by a public body or the archivist to not waive all or part of a fee imposed under the Act. [S.48(1)(d)]
- A decision by a public body to disclose information that is harmful to me as a third party. [S.48(4)]
- A public body refused or failed to correct my personal information. [S.48(2)]
- A public body refused or failed to adequately annotate a record or to give notice of the annotation. [S.48(2)]

I have included the following documents:

- A copy of your request for review.
- A copy of the Records Manager's response to the Request for review
- Copies of any other records that apply to this review?

Signature _____ Date _____

Send the completed form to:

Information and Privacy Commissioner
Box 2703, Whitehorse, YT Y1A 2C6

Or drop off at:

Office of the Ombudsman
211 Main Street, Suite 200
Whitehorse, Yukon

Questions?

Call: 667-8468 in Whitehorse
Toll Free: 1-800-661-0408 ext. 8468
Fax: 867-667-8469
Email: email.ombudsman@ombudsman.yk.ca