



Time Extension Request Form

Use only for Time Extensions Requests under s.63 of ATIPPA made directly to the OIPC

Refer to the document 'Request for Time Extension PB Guidance' for instructions on completing this form.

PART 1 – PUBLIC BODY INFORMATION	
Name of Public Body	Public Body Address
Public Body Contact Name	
Contact Phone Number	
Contact Email Address	Access Request # -

PART 2 – ADMINISTRATION OF ACCESS REQUEST	
Access Request Details	
Date Request Activated	Initial Response Due Date
Date Cost Estimate Issued (if applicable)	Revised Response Due Date (if applicable)

PART 3 – TIME EXTENSION REQUEST(S) PREVIOUSLY MADE TO THE APO (s.62) (if applicable)	
Total Number of Days Requested	Total Number of Days Granted (if applicable)
Revised Response Due Date (if applicable)	
YOU MUST INCLUDE WITH THIS REQUEST:	<ul style="list-style-type: none"> ✓ All Extension Requests sent to the APO; and ✓ All Extension Request Responses received from the APO (including refused).

PART 4 – PREVIOUS TIME EXTENSION REQUEST TO THE OIPC (s.63) (if applicable)

OIPC File number(s)	Total Number of Days Requested
Total Number of Days Granted	Revised Response Due Date

PART 5 – TIME EXTENSION REQUEST TO OIPC (s.63)

Length of Time Extension Requested (in days)	Revised Response Due Date (if granted)
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Reason for Time Extension (select all that apply)

<input type="checkbox"/> s.62(2)(i) Unreasonable interference with the PB's operations	<input type="checkbox"/> s.62(2)(ii) Multiple concurrent access requests by applicant	<input type="checkbox"/> s.62(2)(iii) Multiple concurrent access requests by applicant and another associated applicant
<input type="checkbox"/> s.62(2)(iv) Requires more information from applicant to process access request	<input type="checkbox"/> s.62(2)(v)(A) Consultation with another public body	<input type="checkbox"/> s.62(2)(v)(B) Consultation with a person, government or other entity that is likely to be adversely impacted by granting access
<input type="checkbox"/> s.62(2)(vi) To seek views of a third party	<input type="checkbox"/> s. 63(4) Other	

Details:**YOUR SIGNATURE**

Signature (typing your name confirms your acceptance)	Date
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Return this completed form electronically via Secure File Transfer to intake@yukonombudsman.ca.
 Please do not submit this form by normal email as it is not a secure form of communication.

Any personal information collected on this form will be used and disclosed by the Office of the Information and Privacy Commissioner (OIPC) for the purpose of reviewing your request and may be used for evaluating performance of the OIPC. For information about this collection, please contact the Office of the Information and Privacy Commissioner at 3162 Third Avenue, Main Floor, Whitehorse Yukon Y1A 1G3, or 867-667-8468, toll free 1-800-661-0408 Ext 8468.

OIPC Office Use

Time Extension Decision

Date Received:	
Time Received:	

Length of Time Extension Approved (in days)	Revised Response Due Date
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Reason for Time Extension		
<input type="checkbox"/> s.62(2)(i)	<input type="checkbox"/> s.62(2)(ii)	<input type="checkbox"/> s.62(2)(iii)
<input type="checkbox"/> s.62(2)(iv)	<input type="checkbox"/> s.62(2)(v)(A)	<input type="checkbox"/> s.62(2)(v)(B)
<input type="checkbox"/> s.62(2)(vi)	<input type="checkbox"/> s. 63(4) Other	

Details

Authorized Signature		Date	
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