

Applicant Request for Review
Part XX - Freedom of Information and Protection of Privacy
• **Subsection 487(1) *Municipal Government Act***

TO: Ms. Catherine Tully, FOIPOP Review Officer
Province of Nova Scotia
Box 181, Halifax, NS B3J 2M4
Tel: (902) 424-4684; Fax: (902) 424-8303; Toll-free: 1-866-243-1564; TTD/TTY: 1-800-855-0511

1. This Request for Review arises out of an Application for Access to a Record or a Request for Correction of Personal Information submitted to the **Halifax Regional Municipality** on the _____ day of _____, 20____, *a copy of which Application or Request is attached.*
2. The applicant requests that the Review Officer review the following decision, act or failure to act of the Responsible Officer of the Municipality:

Check where applicable:

_____ (a) the 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 Responsible Officer of the Municipality give access to the record as requested in the Application for Access to a Record;

_____ (b) the Responsible Officer of the Municipality correct the personal information as requested in the Request for Correction of Personal Information;

_____ (c) *(specify other recommendation(s), if any, you consider appropriate).*

Name of Applicant: _____ Date : _____

Signature of Applicant: _____

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

_____ *(Community)*

_____ *(Postal Code)*

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

Fax Number of Applicant: _____ Cell Number of Applicant: _____