

Form B



Government of
Saskatchewan

Freedom of
Information

Request For Review

Send this form to: Information and Privacy Commissioner
Application No.: _____ <i>(For Commissioner's Use)</i>

Reason For Request

<input type="checkbox"/> I have been refused access to all or part of the record. <input type="checkbox"/> I have been notified that the record does not exist/cannot be found. <input type="checkbox"/> I have been notified that the existence of the record shall neither be confirmed nor denied. <input type="checkbox"/> I have not received a reply to my application, which I submitted _____ days ago. <input type="checkbox"/> I disagree with the need to extend the 30-day response period. <input type="checkbox"/> My correction to a personal information record was not accepted as correct/verifiable. <input type="checkbox"/> I am a third party, and I wish to request a review of a decision to give access to a record that affects my interests.

Details Of Request

Department Name	Date of Application	Application Number
Please explain the details of your request, attaching supporting documentation if possible. Use additional pages if required. _____ _____ _____ _____		

Applicant Information

Name	Telephone
Address	Postal Code
Signature	Date

White - Commissioner

Yellow - Government institution

Pink - Applicant