

LOCAL AUTHORITY FREEDOM OF INFORMATION
AND PROTECTION OF PRIVACY

Form B

[Subsections 38(1) and (3) of the Act]
Request for Review

Freedom of
information

Request for Review

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

Reason For Request

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

Details of Request

Local Authority	Date of Application	Application Number
Please explain the details of your request, attaching a supporting documentation if possible. Use additional pages if required.		

Applicant Information

Name	Telephone
Address	Postal Code
Signature	Date

White - Commissioner

Yellow - Local Authority

Pink - Applicant