



REQUEST FOR REVIEW

Access to Information and Protection of Privacy Act

Information and Privacy Commissioner

5018-47th Street

P.O Box 262

Yellowknife, NT; X1A 2N2

Fax (867) 920-2511

To:

FROM

| | | |
|---|--------------------|-------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | Last Name | First Name |
| Company Name (if applicable) | | |
| Mailing Address | | |
| City or Town | Province/Territory | Postal Code |
| Telephone (home) | Telephone (work) | Fax |

REASON FOR REQUEST FOR REVIEW

On _____ I applied for information from _____
or Date _____ Name of Public Body _____

On _____ I asked to have my information corrected by _____
or Date _____ Name of Public Body _____

On _____ I was told that information about me is going to be disclosed by _____
or Date _____ Name of Public Body _____

I am concerned about the following

And I am requesting a review by the Commissioner because: *(Please attach any correspondence you have received from the Public Body you referred to)*

Applicant's Signature: _____ Date: _____

FOR PUBLIC BODY USE ONLY

| | |
|---------------|-----------------------------|
| Date Received | Request Number and Comments |
| | _____ |
| | _____ |
| | _____ |
| | _____ |