



REQUEST FOR ACCESS TO INFORMATION

Access to information and Protection of Privacy Act

APPLICANT

This is a request for		
<input type="checkbox"/> General information (\$25 fee*)	<input type="checkbox"/> My own personal information	<input type="checkbox"/> Personal information for/of another person (Attach proof of authority)
Which public Body are you asking for information? (Please fill in name of department, Agency, Board or Commission)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx.	Last Name	First name
Company Name (if applicable)		
Mailing Address		
City or Town	Province/Territory	Postal Code
Telephone (home)	Telephone (work)	Fax
Email address		

(*After you submit your request, the responsive department will provide you with information regarding fee payment)

WHAT INFORMATION ARE YOU REQUESTING?

<input type="checkbox"/> I would like to receive a copy of the original record	<input type="checkbox"/> I would like to examine the original record
Please describe the information to which you want access in as much detail as you can. If you want access to personal information, be sure to provide all of the names of the person concerned. If you need more space, use an additional sheet.	

This collection of personal information is authorized under section 40(c)(i) of the Access to Information and Protection of Privacy Act, and will be used to respond to your request. If you have any questions, please contact the appropriate public body or the Territorial ATIPP Office. A full directory of our ATIPP Offices can be found on the Government of Nunavut's website www.gov.nu.ca/eia/information/atipp-contact-list.

Applicant's Signature: _____	Date: _____
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