



Request for Review

(ATIPP)

Access to Information and Protection of Privacy

Send to: Information and Privacy Commissioner of Nunavut
5018-47th Street, P.O. Box 262
Yellowknife, NT X1A 2N2

Applicant Information:

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

Reason for Request for Review:

<input type="checkbox"/> I have been refused access to all or part of a 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 request for correction to personal information was not accepted. <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. <input type="checkbox"/> I believe/have been notified that my personal information has been improperly collected, used, disclosed, or lost in contravention of the Act.
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Details of Request:

Name of Public Body	Government of Nunavut Reference #
<p>Explain the details of your request, attaching supporting documentation if necessary. Use additional pages if required.</p> <hr/> <hr/> <hr/> <hr/> <hr/>	

Applicant Signature: _____ Date: _____