

**Form 7: Request for Review**

**Province of Nova Scotia**  
***Freedom of Information and Protection of Privacy Act***  
**Subsection 32(1)**  
**(Applicant)**

TO: The Review Officer  
P.O. Box 181  
Halifax, NS B3J 2M4

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to \_\_\_\_\_ (*specify public body*) on the \_\_\_\_\_ day of , 20\_\_\_\_, a copy of which Application or Request is attached to this Request for Review.

2. The applicant requests that the Review Officer review the following decision, act or failure to act of the head of the public body;

Check where applicable

\_\_\_\_\_ (a) decision dated or made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a copy of which is attached to this Request for Review;

\_\_\_\_\_ (b) (*specify act or failure to act*) \_\_\_\_\_

\_\_\_\_\_

3. The applicant requests that the Review Officer recommend that

Check where applicable

\_\_\_\_\_ (a) the head of the public body give access to the record as requested in the Application for Access to a Record;

\_\_\_\_\_ (b) the head of the public body correct the personal information as requested in the Request for Correction of Personal Information;

\_\_\_\_\_ (c) (*specify other recommendation or recommendations, if any, you consider appropriate*)

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant:

\_\_\_\_\_  
Print Full Name of Applicant:

\_\_\_\_\_  
Mailing Address of Applicant:  
(Street/Apartment No./R.R. No.)

\_\_\_\_\_  
(Community/County)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
Telephone Numbers of Applicant:

(Residence) \_\_\_\_\_ (Business/Cell) \_\_\_\_\_

Fax Number of Applicant: \_\_\_\_\_

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