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

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

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.

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Applicant Information

Name	Telephone
Address	Postal Code
Signature	Date

White - Commissioner Yellow - Local Authority Pink - Applicant

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