ACCESS TO INFORMATION AND PROTECTION OF PRIVACY REQUEST FOR REVIEW

Please fill out the form below, sign and send it to:

Information and Privacy Commissioner 5018 - 47th Street Yellowknife NT X1A 2N2 Phone #: 867-669-0976 Fax #: 867-920-2511

Toll Free #: 1-888-521-7088 Email: atippcomm@theedge.ca

□ Mr. □ Ms. Last Na □ Mrs. □ Miss	me	First Name
City or Town	Province	Postal Code
Telephone (home)	Telephone (Work)	Fax
Reason for Review: (It would be helpful if you attach you have dealt with.)	a copy of any correspondence you have	received from the public body
Please choose one (include th	e date):	
☐ ACCESS – I applied for inform	nation from the following public body:	
☐ CORRECTION – I asked to ha	ave my information corrected by the follow	wing public body:
☐ PRIVACY – I am concerned a following public body:	bout the collection, use and disclosure of	f my personal information by the
AND I am requesting a review	by the Commissioner because:	
Signature:		
J. G. Hattaror		
Signature	 Date	