Form 1 [FOIPOP Application] Province of Nova Scotia Freedom of Information & Protection of Privacy Act Subsection 6(1)

Го:	Carla Heggie, FOIPOP Administrator								
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	Phone: (902)424-8472	Fax: (902)424-6925							

 This is an application pursuant to the *Freedom of Information & Protection of Privacy Act* for access to: *Check one:* □ (a) applicant's own personal information [application fee not required]; or □ (b) other information [\$25 application fee applies]; or

□ (c) both applicant's own personal information and other information. [\$25 application fee applies]

2. I am applying for access to the following record:

(Below, identify the material applied for precisely by including such particulars as the specific event or action to which it refers, the date of the record or the date or period to which it relates, the type of record (document, report, letter, et cetera), names of department personnel who prepared or may have knowledge of the information, or citations to newspapers or publications which are known to have referred to the record.)

3.	I wish to:	Check one:		□ (a) examine the record; or □ (b) receive a copy of the record.						
4.	I understand th	nat I may be req					to the	record.		
	Date: ——— Signature of A	applicant:								
	PRINT Full Na	me of Applicant	t:							
	Mailing Addre	ess of Applicant								et/apt.no./RR.no)
									(co	ommunity/county)
Telepł	none Numbers of	Applicant:	()—		(Residence)	- ()-		(Business	<u> </u>	(postal code)
Fax N	umber of Applic	ant:	()			_		se enclose S ble to the A		

Request to Waive Fees

[note: application fee cannot be waived and must accompany the completed application]

I hereby request to be excused from paying fees related to the above application because:

- \Box (a) I cannot afford to pay fees; or
- \Box (b) (specify reason)