



Service Nova Scotia
and Municipal Relations

FORM 1
APPLICATION FOR ACCESS TO A RECORD
PROVINCE OF NOVA SCOTIA
FREEDOM OF INFORMATION AND PROTECTION OF
PRIVACY ACT
Subsection 6(1)

TO: FOIPOP Administrator
Service Nova Scotia and Municipal Relations
P.O. Box 1003
HALIFAX, Nova Scotia
B3J 2M4

A cheque or money order in the amount of \$25.00 payable to the Minister of Finance must accompany this Form, *unless the application is for the applicant's own personal information.*

- 1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to:

Check one:

- _____ (a) applicant's own personal information; or
- _____ (b) other information; or
- _____ (c) both applicant's own personal information and other information.

- 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, etc.], 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.)

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3. I wish to: (Check one)

- _____ (a) examine the record; or
_____ (b) receive a copy of the record

4. I understand that I may be required to pay a fee before obtaining access to the record.

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:

(Business) *(Residence)* *(Fax)*

REQUEST TO WAIVE FEES

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

- (a) I cannot afford to pay fees; or
(b) (Specify any other reason)

FOR OFFICE USE ONLY

Date received: _____ Application No: _____
