

**Application for Access to a Record**  
**Province of Nova Scotia**  
***Freedom of Information and Protection of Privacy Act***  
**Subsection 6(1)**

To: Information Access and Privacy (IAP) Services  
Information, Communications and Technology Services  
Department of Internal Services  
12th floor, 5161 George Street  
PO Box 72  
Halifax, NS B3J 2L4

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, precisely identify the material applied for by including particulars such 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. Attach additional pages if required.)*

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3. I wish to: *Check one*
- examine the record; or  
 receive a copy of the record
4. I understand that a cheque in the amount of \$5 made payable to the Minister of Finance should accompany the application and that I may be required to pay an additional fee before obtaining access to the record.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Full Name of Applicant (*Print*): \_\_\_\_\_

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

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

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

Telephone Numbers of Applicant: \_\_\_\_\_  
*(Residence) (Business) (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 - attach additional pages if required)*

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**For office Use Only**

Date Received: \_\_\_\_\_ Application No. \_\_\_\_\_