

FORM #7 - Request for Review
Part XX – Municipal Government Act
***Subsection 32(1) (Applicant)**

TO: FOIPOP Review Officer
Province of Nova Scotia
Box 181, Halifax, NS B3J 2M4
Tel: (902) 424-4684; Fax: (902) 424-8303; Toll-free: 1-866-243-1564; TTD/TTY: 1-800-855-0511

This Request for Review arises out of an Application for Access to a Record or a Request for Correction of Personal Information submitted to Halifax Water on the _____ day of _____, 20____, a copy of which Application or Request is attached.

1. The applicant requests that the Review Officer review the following decision, act or failure to act of the Responsible Officer of Halifax Water:

Check where applicable:

_____ (a) The Responsible Officer of Halifax Water give access to the record as requested in the Application for Access to a Record.

_____ (b) (specify act or failure to act)

2. The applicant requests that the Review Officer recommend that:

Check where applicable:

_____ (a) the Responsible Officer of Halifax Water give access to the record as requested in the Application for Access to a Record.

_____ (b) the Responsible Officer of Halifax Water corrects the personal information as requested in the Request for Correction of Personal Information;

_____ (c) *(specify other recommendation or recommendations, if any, you consider appropriate.*

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NAME OF APPLICANT: _____

DATE: _____

SIGNATURE OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT:

TELEPHONE NUMBERS OF APPLICANT:

(Residence)

(Business)

(Fax)

(Cell)

Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact Halifax Water's Privacy Administrator at privacy@halifaxwater.ca