



OFFICE OF THE INFORMATION &
PRIVACY COMMISSIONER OF ALBERTA

Request for Review

You must use this form to request a review of a response to your request for access to information/records or a response to your request to correct personal or health information.

Disclosure Notice

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), Health Information Act (HIA) and/or Personal Information Protection Act (PIPA), a copy of this form and all attachments will be provided to the Public Body/Custodian/Organization and to all other persons who, in the opinion of the Commissioner, are affected by this Request for Review ("affected parties").

Any concerns in this regard must be communicated to the Commissioner's Office in writing immediately.

Contact

Name of requester of access/correction: (Applicant)

Choose one of the following:

- I am representing myself for the purposes of this Review. Contact me at the Address for Service provided below.
I authorize (name) (Agent) to act on my behalf for the purposes of this Review. Contact my Agent at the Address for Service provided below.
I have retained (law firm name) (Lawyer) to represent me for the purposes of this Review. Contact my Lawyer at the Address for Service provided below.
I am already authorized to represent the Applicant for the purposes of this Review, and am signing this Request for Review on the Applicant's behalf. Attached is documentation proving my authority to represent the Applicant for the purposes of this Review. Contact me at the Address for Service provided below.

Address for Service

You must provide an Address for Service for the purposes of this Review. Your Address for Service will be circulated to the Public Body/Custodian/Organization and to all affected parties, and is the address to which all official communications, including those time-sensitive in nature, will be sent. If, at any future time, you wish to change your Contact and/or Address for Service, you must immediately complete a "Change of Contact and/or Address for Service" form and forward it according to the instructions set out on that form. Failure to do so may result in this Review not proceeding.

Address for Service:

City: Province: Postal Code:

Attention: (e.g. Agent's or individual lawyer's name)

Daytime Contact Phone No: Area Code Ext #

Fax No: Area Code



Request for Review

Name of Public Body/Custodian/Organization: _____

Public Body/Custodian/Organization File number: _____

Summary of what you want reviewed (*include additional pages or attachments if necessary*):

*The following **must** be attached to this form or it may be rejected and returned to you:*

- Copy of your request to access information/records or your request to correct personal or health information.
- Copy of response letter from the Public Body/Custodian/Organization to your request (if none, explain above).
- Copy of documentation proving your authority IF you are a representative signing this form on behalf of the Applicant.

I confirm that all of the information contained in this form and attachment(s) is accurate to the best of my knowledge. I further confirm that I have read and that I accept all notifications contained in this form, including: this form and all attachments will be distributed, as stated above, and I consent to such distribution; my Contact and Address for Service will be distributed and relied upon, as stated above; and I am required to keep my Contact and Address for Service up-to-date, as stated above, and, if I fail to do so, this Review may not proceed. A fax, electronic or other reproduction of my signature below is as effective as the original.

Signature of Applicant or

Authorized Representative: _____

Date: _____

Office of the Information and Privacy Commissioner of Alberta

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FOR INTERNAL OFFICE USE ONLY:

FOIP PIPA HIA