

Form 1
Application for Access to Records
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 6(1)

TO: FOIPOP Officer, NSHA

1-031 Centennial Building, 1276 South Park Street
Halifax, NS, B3H 2Y9

1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to (check one):

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

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

(Please specify the subject-matter of the record requested (e.g. topic, time frame, type of document). If the staff member familiar with the subject-matter is unable to identify the document requested, you will need to provide additional particulars.)

(Should you require additional space, please attach a separate page.)

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: _____

Mailing Address: _____

(Street/Apartment No./R.R. No.)

(Community/County)

Telephone Number(s):

(Postal Code)

(Residence) / (Business)

Email Address:

Request to Waive Fees

(Fees do not apply for access to an Applicant's own personal information)

I hereby request to be excused from paying additional fees related to this application because:

(a) I cannot afford to pay fees; or

(b) *(specify other reason):*

For office use only

Date Received: _____

Application No. _____