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

Check all that apply:
- ☐ Chief Information Office
- ☐ Executive Council Office
- ☐ Office of Policy & Priorities
- ☐ Office of the Premier
- ☐ Public Service Commission
- ☐ Treasury Board Office

TO: **Meddy Stanton**
Corporate IAP/FOIPOP Administrator
Executive Council Office
1700 Granville Street, 5th Floor,
P.O. Box 2125, Halifax, Nova Scotia B3J 3B7
Phone: (902) 424-4879 Fax: (902) 424-0667

---

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 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.)

   _____

   _____

   _____

   _____

3. I wish to: *Check one:*
   - ☐ examine the record; or
   - ☐ 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:
(Residence) _____
(Business) _____
(Fax) _____

Request to Waive Fees

[note: application fee cannot be waived and must accompany the completed application]

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. _____ ☐ $25 rec'd