

# Application for Access to a Record

Province of Nova Scotia  
*Freedom of Information and Protection of Privacy Act*  
Subsection 6(1)

TO: Attention: FOIPOP Coordinator  
Department of Natural Resources  
P.O. Box 698  
Halifax, NS B3J 2X1

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 [application fee not required]; or  
 (b) other information [\$5 application fee applies]; or  
 (c) both applicant's own personal information and other information [\$5 application fee applies].

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.*)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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** [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 - attach additional pages if required*)
- \_\_\_\_\_
- \_\_\_\_\_

**For office Use Only**

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