



Request to Investigate/Request for Review

Mail to: **Information & Privacy Commissioner of Nunavut**
PO BOX 1000,
Stn 270 **X 0A 0H0**
Iqaluit NU

Email to: admin@atipp-nu.ca
 Phone: (867) 979 - 3081
 Questions? Toll Free: 1 - 855 - 979 - 3081

Applicant Information

Last Name:		First Name:	
Company Name: (if applicable)			
Mailing Address:			
City:		Province/Territory:	Postal Code:
Phone:	Home:		Email:
	Work:		
	Cell:		Other:

Reason for the Request for Review

<input type="checkbox"/>	I have been refused access to all or part of a record.
<input type="checkbox"/>	I have been notified that the record does not exist/cannot be found.
<input type="checkbox"/>	I have been notified that the existence of the record shall neither be confirmed nor denied.
<input type="checkbox"/>	I have not received a reply to my application, which I submitted _____ days ago.
<input type="checkbox"/>	I disagree with the need to extend the 30 day response period.
<input type="checkbox"/>	My request for correction to personal information was not accepted.
<input type="checkbox"/>	I am a third party and I wish to request a review of a decision to give access to a record that affects my interests.
<input type="checkbox"/>	I believe/have been notified that my personal information has been improperly collected, used, disclosed, or lost in contravention of the Act.
<input type="checkbox"/>	I believe the amount of the access fees are unreasonable or burdensome.

Details of Request

Name of the Public Body:
Government of Nunavut Reference # :
Explain the reason for your request in as much detail as possible including names, places, dates and attach any supporting documents that may be helpful or correspondence, including emails deemed necessary.

Attach an additional page if required.

Applicant Signature: _____

Date: _____