

Personal Information

Name: _____

Address: _____

Mailing Address

Postal Code

Home Phone: _____

Alternate Phone: _____

Email: _____

Please indicate preferred contact method: Email Mail Phone

Best time to call: _____

Are you making this appeal on behalf of another person? Yes No

If YES, please attach all documentation which shows that you have the authority or consent of that individual to act on his/her behalf.

Signature: _____

Date: _____

Information about the request/ appeal

Name of Public Authority: _____

Name of person who assisted you: _____

Select one or more of the following options to describe what your appeal is about:

- The records I requested were withheld in full or in part (redacted)
- My request for an internal review was ignored for 30 days or more
- My request was improperly deferred
- The records I requested were not found
 - Have you discussed what records you believe are missing with the Information Manager?
 - If the answer is no, we request that you bring this matter to the Information Manager's attention for possible resolution before filing an appeal.
- I was charged an unreasonable fee/my request for a fee waiver was refused
- My request was improperly transferred to another Public Authority
- My request was refused on the grounds that it is vexatious
- My request was refused on the grounds that they have previously responded to a similar request
- My request was refused on the grounds of unreasonable diversion of resources
- I did not receive the requested information in the format I asked for
- The Public Authority intends to disclose my personal information over my objections
- Otherwise the Public Authority did not comply with an obligation imposed under the FOI Law.

If any of the above applies, have you requested an **internal review** with the Public Authority that holds the information?

Yes No

