Form 1 [FOIPOP Application]
Province of Nova Scotia
Freedom of Information & Protection of Privacy Act
Subsection 6(1)

To: Deborah F. Sharpe
Manager, Information and Capital Assets
NS Tourism, Culture & Heritage
1800 Argyle Street, PO Box 456, Halifax, NS B3J 2R5

Phone: 902-424-4732
FAX: 902-424-8470

1. This is an application pursuant to the *Freedom of Information & Protection of Privacy Act* for access to:
Check one:
☐ (a) applicant's own personal information [*application fee not required*]; or
☐ (b) other information [*$25 application fee applies*]; or
☐ (c) both applicant's own personal information and other information. [*$25 application fee applies*]

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:*
☐ (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 of Applicant: _____

Mailing Address of Applicant _____
(street/apt.no./RR.no)
_____
(community/county)
_____
(postal code)

Telephone Numbers of Applicant: ( )_____ ( ) _____
(Residence) *(Business)*

Fax Number of Applicant: ( ) _____

Please enclose $25 application fee, payable to the *Minister of Finance*

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 reason*) _____
_____

For Office Use Only
Date received: Application # ☐ $25 rec'd