

This form is to be filled in by the ATIPP Coordinator and **should not include any personal information** that was collected under Newfoundland and Labrador's Access to Information and Protection of Privacy Act on **FORM 1**. Send this form to the ATIPP Office who will provide you with an access request file number. **See instructions below.**

Access Request Information	
To which public body has the applicant made a request?	
Date access request received by public body?	

Type of Request? (please check one)
General Information
Personal information of applicant
Personal Information for another person (check if proof of authority was received)

The applicant wishes to obtain access to the following information/records:

Name of ATIPP Coordinator: _____ Date: _____
YYYY-MM-DD

For ATIPP Office Use Only	
Date Received: _____	File #: _____

Instructions

Form 1A is to be filled out by the ATIPP Coordinator.

Once completed, the ATIPP Coordinator must send a copy of the form to the ATIPP Office for statistical purposes and to receive an access request file number:

- email (atippoffice@gov.nl.ca)
- fax (729-2129)
- mail (ATIPP Office, 4th Floor East Block, Confederation Building, PO Box 8700, St. John's, NL, A1B 4J6)

Provide a copy of the request verbatim; otherwise summarize the request if the applicant has revealed personal information which may reveal the applicant's identity.

Keep a copy of this record in your file with Form 1 (Original Access Request filled out by applicant).

The *Access to Information and Protection of Privacy Act* can be found at <http://assembly.nl.ca/Legislation/sr/statutes/a01-2.htm>.

Should you have any questions, contact the ATIPP Office at 709-729-7072 or toll-free at 1-877-895-8891.