



OFFICE OF THE INFORMATION &
PRIVACY COMMISSIONER OF ALBERTA

Third Party Request for Review (FOIP)

You must use this form to request a review of a public body's decision to release your information in response to an access request.

Disclosure Notice

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), a copy of this form and all attachments will be provided to the Public Body and to all other persons who, in the opinion of the Commissioner, are affected by this Request for Review Third Party ("affected parties").

Any concerns in this regard must be communicated to the Commissioner's Office in writing immediately.

Contact

Name of requester of review: (Third Party)

Choose one of the following:

- I am representing myself for the purposes of this Review. Contact me at the Address for Service provided below.
I authorize (name) ("Agent") to act on my behalf for the purposes of this Review. Contact my Agent at the Address for Service provided below.
I have retained (law firm name) ("Lawyer") to represent me for the purposes of this Review. Contact my Lawyer at the Address for Service provided below.
I am already authorized to represent the Third Party for the purposes of this Review, and am signing this Request for Review on the Third Party's behalf. Attached is documentation proving my authority to represent the Third Party for the purposes of this Review. Contact me at the Address for Service provided below.

Address for Service:

You must provide an Address for Service for the purposes of this Review. Your Address for Service will be circulated to the Public Body and to all affected parties, and is the address to which all official communications, including those time-sensitive in nature, will be sent. If, at any future time, you wish to change your Contact and/or Address for Service, you must immediately complete a "Change of Contact and/or Address for Service" form and forward it according to the instructions set out on that form. Failure to do so may result in this Review not proceeding.

Address for Service:

City: Province: Postal Code:

Attention: (e.g. Agent's or individual lawyer's name)

Daytime Contact Phone No: Area Code Ext #

Fax No: Area Code



Third Party Request for Review

Name of Public Body: _____

Public Body File number: _____

Summary of what you want reviewed (*include additional pages or attachments if necessary*):

The following must be attached to this form or it may be rejected and returned to you:

- Copy of the Public Body's notice that it is considering giving access to a record that may contain information that affects your interests or the disclosure of which may be an unreasonable invasion of your personal privacy.
- Copy of your response to the Public Body's notice.
- Copy of the Public Body's notice to you of its decision to give access, including its reasons for the decision.
- Copy of documentation proving your authority IF you are a representative signing this form on behalf of the Third Party.

Note: This Third Party Request for Review must be received by the Commissioner's Office within 20 days after the Public Body's notice of its decision to give access.

I confirm that all of the information contained in this form and attachment(s) is accurate to the best of my knowledge. I further confirm that I have read and that I accept all notifications contained in this form, including: this form and all attachments will be distributed, as stated above, and I consent to such distribution; my Contact and Address for Service will be distributed and relied upon, as stated above; and I am required to keep my Contact and Address for Service up-to-date, as stated above, and, if I fail to do so, this Review may not proceed. A fax, electronic or other reproduction of my signature below is as effective as the original.

Signature of Third Party or

Authorized Representative: _____

Date: _____

Office of the Information and Privacy Commissioner of Alberta

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