## Form 1

## Application for Access to a Record Province of Nova Scotia

## Freedom of Information and Protection of Privacy Act Subsection 6(1)

TO: Rachel Black – TCRCE	(Address to the Deputy Minister or
rachel.black@tcrce.ca	senior administrative officer of the
79 Water Street, Yarmouth, NS B5A 1L4	public body where the record is filed or deposited.)
1. This is an application pursuant to the Freedom of For access to (check one):	ation; or  formation and other information.  y including such particulars as the specific ord or the date or period to which it relates, ), names of department personnel who
3. I wish to (check one):	
(a) examine the record; or	
(b) receive a copy of the record.	

<b>5.</b> Date:	
Signature of Applicant:	
Print Full Name of Applicant:	
Mailing Address of Applicant:	
	(Street/Apartment No./R.R. No.)
	(Community/County)
	(Postal Code)
Email Address of Applicant:	
Telephone Numbers of Applicant:	(Residence) / (Business)
Fax Number of Applicant:	(Residence)/ (Business)
I	Request to Waive Fees
I hereby request to be excused from pa	aying fees related to the above application because
(a) I cannot afford to pay fees; or	
<ul><li>(a) I cannot afford to pay fees; or</li><li>(b) (specify any other reason)</li></ul>	
(b) (specify any other reason)  For office use only:	
(b) (specify any other reason)	