



Freedom of Information and
Protection of Privacy Act

Access Request Recommendation (Decision by Head)

Request Number

Request Type ☐ General Records ☐ Personal Information

To	Date
From	Name of Applicant

Records/Information Requested (<i>attach detailed review of records if applicable</i>)	Number of Files/Pages Reviewed
Types of Information Contained in the Records	
Exceptions Recommended	
Application of Discretionary Exceptions (<i>summarize reasons</i>)	
Application of Mandatory Exceptions (<i>summarize reasons</i>)	
Severing Required (<i>summarize reasons</i>)	

Prepared by

Approved by

Signature

Signature of Head

Title

Title

Date

Date



**Access Request
Recommendation Attachment
Detailed Review of Records**

Request Number	Name of Public Body		Program Area	Business Unit	Program Area Contact		Telephone Number
Record Number	Number of Pages	Record Date	Record Description	Exceptions Applied	Exclusions	Comments/Explanations	Third Party Notice or Consultation (Yes or No)