



## Third Party Request for Review Form Access to Information Act (ATIA)

Complete this form if you have received a notice from a public body that it intends to:

- disclose your personal information or
- disclose confidential business information

to an applicant in response to an access request.

Information on how to complete this form is found on page 4. If you are not sure how to complete any part of this form, email [generalinfo@oipc.ab.ca](mailto:generalinfo@oipc.ab.ca) or call the Office of the Information and Privacy Commissioner (OIPC) during business hours at 780-422-6860 or toll free at 1-888-878-4044 for assistance.

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**Section 1A** – Are you requesting the review for yourself as an individual or for an organization? If yes, please provide your contact information.

If you are requesting the review for someone else, proceed to Section 1B.

### Your Information

Last Name:

First Name and Initial:

I am requesting the review for myself

OR

I am requesting the review as part of an organization

Name of organization requesting the review:

Mailing Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Phone Number:

OK to leave a message?

Yes

No

Email:

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**Section 1B** – Are you requesting the review for someone else? Are you a lawyer or agent? Has an individual authorized you to act on their behalf? Are you representing a minor, have power of attorney, acting pursuant to a personal directive, are a guardian or trustee, or acting on behalf of someone who is deceased?

**Yes** – please fill in this section and provide documentation as requested below.

**No** – Skip to Section 2

Last Name:

First Name and Initial:

Name of organization requesting the review:

Mailing Address:

Unit/Suite:

City: Province: Country: Postal Code:  
Phone Number: OK to leave a message?  Yes  No  
Email:

**Please tick applicable box below. Be prepared to provide documentation to support your authority after you submit this form.**

- The person is deceased. I am the personal representative and my request relates to the administration of the estate.
- I am a guardian or trustee under the *Adult Guardianship and Trusteeship Act* and this review relates to the exercise of the right or powers as it relates to my duties.
- I am an agent under a personal directive under the *Personal Directives Act*, and the directive authorizes me to do so.
- I have power of attorney granted by the individual, and the exercise of the right or power is related to those conferred on me as the power of attorney.
- The individual is a minor, and I am the guardian of the minor.  
Age of minor
- I have written authorization from the individual to act on their behalf. You can use and attach the OIPC form found [here](#) or attach other documentation to support your authority.

Person you are acting on behalf of

Last Name:

First Name:

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## **Section 2 – Public Body you received the notice from and issues you want reviewed**

Public Body Involved:

File Number (if applicable):

**I object to the following information being disclosed by the public body**

**If the above is not enough space or you have a listing of records or page numbers and a submission concerning why you object to the release, you may attach the information to this form to a maximum of 15 pages.**

- Attach the notice you received from the Public Body.

## Section 3 – Acknowledgement

### Your Signature and Statements

- Before you send your form to the OIPC**, please check whether you have attached the relevant documentation to support your request for review. **Failure to provide the required supporting documentation will result in the OIPC returning the request and not conducting a review.** The OIPC will not accept a submission that is deficient or submitted in parts. **Do NOT attach copies of the records that you may have received from the Public Body.**  
I confirm that by checking this box, I have verified that my request is complete and includes all supporting documentation.
- Section 59(1) requires that a written request for review must be delivered to the Commissioner **and** to the head of the Public Body to which the review relates.  
I confirm that by checking this box, I will promptly deliver a written request for review to the head of the Public Body.
- Section 60 – On receiving a request for review, ATIA also requires the Commissioner to provide a copy of your completed form and all attachments to the Public Body and any other person affected by this request. The applicant who made the access request will be invited to participate in the inquiry. If they participate, a copy of this request for review, and any attachments, will be provided to them.  
I confirm that by checking this box, I understand that this form and attachments will be provided to the Public Body and other affected parties.
- I understand this may proceed by way of an inquiry and I confirm my intent to proceed to inquiry in accordance with section 62(4).
- I acknowledge by checking this box, that I am required to keep my contact and address information up-to-date and, if I fail to do so, this review may not proceed. If my contact information changes, I must complete a “*Change of Contact and/or Address for Service*” form available [here](#). Likewise, any person you authorize to act on your behalf must keep their contact information current.

Signature (Typing your name confirms acceptance)

Date

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**Please submit this form and attachments to [complaint\\_review@oipc.ab.ca](mailto:complaint_review@oipc.ab.ca) account.** You may also mail this to: Office of the Information and Privacy Commissioner, Suite 410, 9925 109 Street NW, Edmonton, AB T5K 2J8.

[www.oipc.ab.ca](http://www.oipc.ab.ca)

**Do not include this sheet with your Third Party Request for Review Form**

## **Instructions on how to complete and submit this form**

### **Complete Section 1A OR 1B:**

#### **Section 1A – Your Contact Information**

Fill out this section if **you are the individual who made the access request for information**, either for yourself or if you made it as part of an organization or your role in the organization.

- First and Last name: we will not share your name with anyone outside of our office unless you consent or it is necessary as part of conducting the review or otherwise authorized by law.
- Mailing address: please include your City and Postal Code.
- Phone number(s) include the preferred number for us to call you on. Our preferred method to communicate with you about the review is by phone, therefore, please be available and return calls promptly. Otherwise, a file may not be opened or may be discontinued. If you cannot meet this requirement, you may name an agent to represent you.
- “Ok to leave message” We will not leave details about our interaction, but we will identify who we are, who we are leaving the message for, and ask for a returned call.
- Email address: Please provide this address. We will use secure email for any communications containing sensitive information.

#### **Section 1B- If you are acting on behalf of an individual, please fill in this part.**

Fill out this section if you made the access to information request or are **submitting the review on behalf of someone else**.

If you have written authorization to act on behalf of someone, please attach it. You can use our form found [here](#):

You will be asked by the OIPC to provide documentation for review to support your ability to act on behalf of someone else under the ATIA after your form is submitted. Please have this documentation ready to provide when requested. For example, you may be asked to produce a copy of a will to demonstrate you are the personal representative, a personal directive, power of attorney, or proof of guardianship or trusteeship.

- First and Last name: we will not share your name with anyone outside of our office unless you consent or it is necessary as part of conducting the review or otherwise authorized by law.
- Mailing address: please include your City and Postal Code.
- Phone number(s) include the preferred number for us to call you on. Our preferred method to communicate with you about the review is by phone, therefore, please be available and return calls promptly. Otherwise, a file may not be opened or may be discontinued. If you cannot meet this requirement, you may name an agent to represent you.
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- Email address: Please provide this address. We will use secure email for any communications containing sensitive information.

## Section 2 – Issues you want reviewed concerning the notice to release records

- Public Body Involved: Please list the Public Body that gave you the notice.
- File Number: Please include the Public Body file number associated with the notice.
- Please specify what information in the record you object to being released.

### **This review may proceed by way of an inquiry. What does this mean?**

Your issue may proceed directly to the inquiry phase of the review process. You will be given an opportunity to provide a submission explaining why you object to the release of your personal or confidential business information.

Important information such as how to prepare submissions, and who bears the burden of proof in an inquiry, will be provided to you. This information can also be found in inquiry process publications available at [www.oipc.ab.ca](http://www.oipc.ab.ca).

- **You must bring a review to the Commissioner within set time limits under ATIA** – ATIA requires that you submit your request for review to us within **20 business days** after you have been notified of the decision of the public body to give access to the records you object to being disclosed.
- You are required by the ATIA to **provide a written request for review to the Commissioner and to the head of the Public Body that received the notice from** that the review relates to. It is important you keep a record of providing this request for review to the head of a Public Body. You can provide a copy of this form and attachments to the Public Body showing you have made a written request for a review.

## Section 3 – Acknowledgement

### **Provide a completed single submission with all required attachments**

- You must provide a completed Request for Review Form and all supporting documents in one submission. Otherwise, the submission(s) will be returned or any information you submit after you provide the form may not be accepted.
- **Please only provide the information that we initially ask for.**  
Do not send a large amount of material, as this will delay processing, cause uncertainty in understanding your concerns, and may result in your request for review or privacy complaint being returned.

Any documentation provided with this Request for Review form may be shared with affected parties participating in the inquiry, including the applicant who made the access request. Do not include any information with this form that cannot be shared.

Typically, **submissions should not exceed 15 pages** including the Request for Review Form and all attachments. We enforce this page limit. Your comments and attachments must be relevant to your request for review and to what our office does. If we require more information from you, we will ask for it.

If you submit an extremely large number of documents or if it is not clear that the information you provided falls within our area to review, your submission will not proceed to a review and you will be asked to re-submit your request for review.

**Ensure contact information is up to date.** You or the person who you authorized to act on your behalf must keep your contact information up to date. If you fail to do so, your review may not proceed.