

EM/ANB Inc.

Request for Information
under the *Right to Information and Protection of Privacy Act*
(v. 2, 2019)



Applicant Information

Title: _____ **Last Name:** _____ **First Name:** _____

Name of company or organization (if applicable): _____

Mailing Address: _____

Telephone: _____ **Fax:** _____

E-mail Address: _____

About Your Request

What kind of information do you want to access? Please check one.

- General information
- My own personal information
- Another individual's personal information (*please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization*).

Do you want to (please check one):

- Receive a hard copy of the record?
- Receive an electronic copy of the record?
- Examine the record?

Per section 8(2)(a) of RTIPPA, "A request for access to a record must specify the record requested or where the record in which the relevant information may be contained is not known to the applicant, provide enough particularity as to time, place and event to enable a person familiar with the subject matter to identify the relevant record, and include any information prescribed by regulation". What record(s) do you want to access? Please provide as much detail as possible. Attach additional pages if required.

EM/ANB Inc.

Fax: (506) 872-6509

rti@ambulancenb.ca

Note: All requests will be reviewed and processed in accordance with the Right to Information and Protection of Privacy Act.

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What is the time period for the record(s) that you wish to access? Please be as specific as possible.

Your Signature

Date

Administrative Use Only
Received by:
Date Received:
Response Date:

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INSTRUCTIONS

Applicant Information

In this section of the form, please include:

- Your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- Your complete mailing address and your preferred telephone number should we need to contact you regarding your request; and
- A fax number or e-mail address, if any, where correspondence may be sent.

About Your Request

In this section, please:

- Check what type of information you want to access;
- Indicate whether you would like to receive a copy of the record (hard copy or electronic), or examine the record in person.
- If applicable, attach proof that you can legally act for the person whose information you are requesting to access (if you are requesting to access information belonging to someone other than yourself);
- Provide specific details regarding the information you wish and type(s) of record(s) you wish to access. If you need more space than provided, continue your description on a separate sheet.

Fees

- There are no fees for requests made under the *Right to Information and Protection of Privacy Act*.

Completing and Sending your Request

- Completed, signed copies can be sent via one of the following means:

Scan to e-mail: rti@ambulancenb.ca

Fax: 506-872-6509

Mail or in person Privacy & Information
Access Officer
101-210 John St.
Moncton, NB
E1C 0B8

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rti@ambulancenb.ca

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