







Request for Information under the *Right to Information and Protection of Privacy Act* (v. 3, 2023)

Applicant Information		
Title: Last Name	e: First Name:	
Name of company or organization (if applicable):	
Mailing Address:		
Telephone:	Fax:	
·	I da.	
E-mail Address:		
About Your Request What kind of information do you wa	nt to access? Please check one.	
☐ General information		
☐ My own personal information		
· _ ·	formation (please attach proof that you can legally act for that se in the form of a signed letter, a Power of Attorney, or other	
Do you want to (please check one):		
\square Receive a hard copy of the record	?	
$\hfill\Box$ Receive an electronic copy of the	record?	
☐ Examine the record?		
the record in which the relevant inforr enough particularity as to time, place	for access to a record must specify the record requested or where mation may be contained is not known to the applicant, provide and event to enable a person familiar with the subject matter to de any information prescribed by regulation".	
What record(s) do you want to access pages if required.	? Please provide as much detail as possible. Attach additional	

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

Fax: (506) 872-6509

EM/ANB Inc.

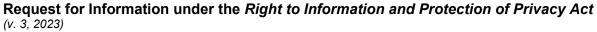
rti@medavienb.ca











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

Note: If you are requesting personal information, you must provide a copy of a piece of ID to your request to confirm your identity. Accepted identification may include driver's license or health/Medicare card. Do not provide your credit card or social insurance card as proof of identity.

<u>rti@medavienb.ca</u> Fax: (506) 872-6509 EM/ANB Inc.

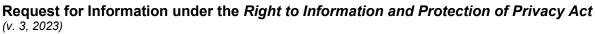
Note: All requests will be reviewed and processed in accordance with the Right to Information and Protection of Privacy Act.











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:

Mail or in person:

210 John Street, Suite 101 Attention: Privacy and Information Access Officer Moncton, NB E1C 0B8

Fax: (506) 872-6509

Email: rti@medavienb.ca

<u>rti@medavienb.ca</u> Fax: (506) 872-6509 EM/ANB Inc.

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