Appeal to the Designated Officer

Designated Officer………………………,

Public Authority…………………………

01. Name of Person Appealing: …………………………………

02. Address: ……………………..

03. Contact Number (if any): …………………………….

04. Email Address (if any): …………………………………

05. Date request made to Information Officer and Registration Number: ……………………………………………………………………………………………………………………………………

06. Did you receive a reply from the Information Officer? Yes/No :(if Yes and you have a copy, please attach; otherwise provide details of reply)

07. Grounds for Appeal:

i. The Information Officer refuses a request made for information

ii. The Information Officer refuses access to the information on the ground that such information is exempted from being granted under Section 5

iii. Non -compliance with time frames specified in the Act

iv. The Information Officer granted incomplete, misleading or false information

v. The Information Officer charged excessive fees

vi. The Information Officer refused to provide information in the form requested

vii. The requestor has reasonable grounds to believe that information has been deformed, destroyed or misplaced to prevent the requestor from having access to the information

Details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

8. Brief description of information requested: ………………………..

09. If Appeal has not been submitted within the specified time period, cause of delay [s. 31(5)]:

10. Any other details: ………………..

Date: ………………………………………….

Signature:……………………………………