

**Form 1**  
**Application for Access to a Record**  
**Province of Nova Scotia**  
***Freedom of Information and Protection of Privacy Act***  
**Subsection 6(1)**

TO: IAP Services & Meddy Stanton  
Corporate IAP Administrator  
Meddy.Stanton@novascotia.ca  
IAPServices@novascotia.ca

*(Address to the Deputy Minister or senior administrative officer of the public body where the record is filed or deposited.)*

**1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to (check one):**

- (a) applicant's own personal information; or  
 (b) other information; or  
 (c) both applicant's own personal information and other information.

**2. I am applying for access to the following record:**

Can you please provide us with the following, in respect of each date between and including April 1, 2014 and September 14, 2015: (i) all internal and external correspondence to or from staff at the Department of Finance on the subject of the government's "Proposed Public Service Sustainability Mandate"; (ii) all information concerning estimated and projected costs to prepare the aforementioned proposed mandate, including the use of any external consultants; and (iii) all issue notes, briefing notes, data, statistics, analysis and other related materials on the same subject. The request is limited to materials produced for or by individuals holding the following positions: Minister, Deputy Minister, Associate Deputy Minister, Minister's Executive Assistant, Minister's Communications Director, Communications Officers, Executive Directors and all staff within the Department of Finance who worked on the file.

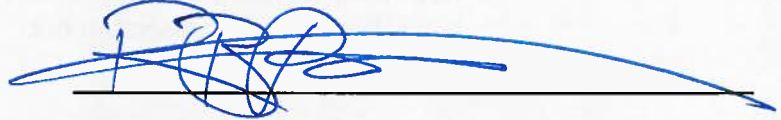
**3. I wish to (check one):**

- (a) examine the record; or  
 (b) receive a copy of the record.

4. I understand that I may be required to pay a fee before obtaining access to the record.

Date: Monday, Sept 14, 2015

Signature of Applicant:



Print Full Name of Applicant: Brandon Rose

Mailing Address of Applicant: 255 John Savage Avenue

*(Street/Apartment No./R.R. No.)*

Dartmouth, NS

*(Community/County)*

B3B 0J3

*(Postal Code)*

Telephone Numbers of Applicant: 902 424 4063

*(Residence) / (Business)*

Fax Number of Applicant: 902 424 4832

**Request to Waive Fees**

I hereby request to be excused from paying fees related to the above application because:

(a) I cannot afford to pay fees; or

(b) *(specify any other reason)* \_\_\_\_\_

\_\_\_\_\_

**For office use only**

Date Received \_\_\_\_\_

Application No. \_\_\_\_\_