

WAIVER OF FEES APPLICATION

Personal information is collected under the *Access to Information and Protection Act*, section 55(1)(b) for the purposes of responding to a waiver request. For further information, contact the ATIPP Office, 1-800-661-0408 (ext. 7048) or ATIPP.Office@yukon.ca

Application for waiver of fees under section 55(1)(b) of the Access to Information and Protection of Privacy Act:

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Applicant information			
First name	Last name	Date	
How do you want us to contact you regarding this application? Include a phone, email, mailing address or other preferred method of contact:		Access request #	
		☐ Full waiver of fees ☐ Partial waiver of fees	
Reasons for requesting a waiver			
Check all boxes that are applicable to a Requesting my own personal information. Requesting information that is not my on Requesting both my own personal information. Payment of estimated fee would impose	on own personal information rmation and information that is not my own p	personal information	
State nere ii there is any additional inform	ation you would like taken into consideration		
You may be asked to provide additional	documents to support this application		
Towning, we delicate to provide additional adduttions to outport title applications			

If you have any questions, call the ATIPP office at 867-393-7048, toll free (in Yukon) 1-800-661-0408 (ext. 7048), or email atipp.office@yukon.ca.

Internal use only	☐ Full waiver granted ☐ Partial waiver granted: %	Remaining cost: \$
	Date of decision: Signature of Access and Privacy Officer: _	

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