



CBRM

A Community of Communities

Cape Breton Regional Municipality

Office of Deborah Campbell Ryan, BBA, MPA
Municipal Clerk/FOIPOP Administrator

320 Esplanade
Sydney, Nova Scotia
B1P 7B9
Tel: 902-563-5010
Fax: 902-564-0481
email: clerksoffice@cbrm.ns.ca
www.cbrm.ns.ca

May 21, 2019

Ms. Mary Campbell
P.O. Box 386
Sydney, NS B1P 6H2

Re: Request for Information under Part XX of the MGA - FOIPOP Application #135

Dear Ms. Campbell:

Further to my letter to you of April 11, 2019, and my email of May 15, 2019, I am writing to provide you with the final calculation of the time required to prepare the records for release, including third party notice.

As noted in my email, there was considerable more work required to prepare the records for release than was first estimated, mostly due to the time required to process the notices to and responses from fifteen (15) third parties. This equated to eleven (11) hours work in addition to the original time estimate as outlined in my letter to you of April 11, 2019.

As noted, the original time estimate was 6.5 hours, less the first 2 hours = 4.5 hours; plus 11 hours re: third party notice = 15.5 hours x \$30/hour = **\$465.00**. Further, there are a total of 404 pages of paper x \$0.20 = **\$80.80**. We were also required to contact a third party by registered Canada Post mail at a cost of **\$12.50**, for a total of \$558.30, less the deposit you paid in the amount of \$107.50, for a balance owing of **\$450.80**.

In accordance with Section 471(6) of the MGA, CBRM will require that you pay the balance owing prior to releasing the records.

Continued...

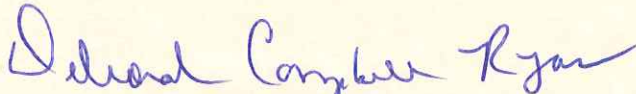
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You have the right to request a review of CBRM's decision on this fee for service as per Section 487 (1) of the *Municipal Government Act*. To do so, use Form 7, a copy of which is attached. Send the completed form to:

Ms. Catherine Tully, Privacy Commissioner
Office of the Information & Privacy Commissioner
P.O. Box 181
Halifax, NS B3J 2M4
Tel: 902-424-4684; Fax: 902-424-8303
Toll-free: 1-866-243-1564

You may contact me at the address above, by telephone or email if you have any questions about this decision.

Yours truly,



Deborah Campbell Ryan
Municipal Clerk/ FOIPOP Administrator

Encl.
copy: Marie Walsh, Chief Administrative Officer

Form 7

Request for Review
Part XX - Freedom of Information and Protection of Privacy -
Municipal Government Act
Subsection 487(1)
(Applicant)

TO: Review Officer

*(Specify name and address of
Review Officer.)*

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to _____ *(specify municipality)* on the ____ day of _____, ____, a copy of which Application or Request is attached to this Request for Review.
2. The applicant requests that the review officer review the following decision, act or failure to act of the responsible officer of the municipality;

Check where applicable

_____ (a) decision dated or made on the ____ day of _____, ____, a copy of which is attached to this Request for Review;

_____ (b) *(specify act or failure to act)* _____

_____.

3. The applicant requests that the review officer recommend that

Check where applicable

_____ (a) the responsible officer of the municipality give access to the record as requested in the Application for Access to a Record;

_____ (b) the responsible officer of the municipality correct the personal information as requested in the Request for Correction of Personal Information;

_____ ~~(b)~~[c]*(specify other recommendation or recommendations, if any, you consider appropriate)* _____

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

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

(Community/County)

(Postal Code)

Telephone Numbers of Applicant: _____

(Residence) (Business)

Fax Number of Applicant: _____