FREEDOM OF INFORMATION

DETAILED REVIEW OF RECORDS

REQUEST/CONSULTATION NUMBER	(USE MULTIPLE SHEETS IF NEEDED.)	RESPONSIBILITY CENTRE

RECORDS REVIEWED BY (NAME)	POSITION	START DATE: Yr. Mo. Day	TARGET COMPLETION DATE Yr. Mo. Day	ACTUAL COMPLETION DATE Yr. Mo. Day

DOC NO	NO. OF PAGES	DOC. DATE: YR. MO. DAY	DOCUMENT DESCRIPTION	EXCEPTION(S) RECOMMENDED	COMMENTS/EXPLANATIONS/ISSUES	THIRD PARTY NOTICE/ CONSULTATION