

For official use only

Access to Information Request Form

Access to Information Act

<p>Step 1</p> <p>To apply for information under the <i>Access to Information Act</i>, complete this form or a written request mentioning the Act. Describe the information being sought and provide any relevant details necessary to help the institution find it. If you require assistance, refer to Info Source (Sources of Federal Government Information) for a description of program records held by the institution or contact its Access to Information Coordinator.</p>	<p>Step 2</p> <p>Forward the access request form to PSP Investments at the address indicated below to the attention of:</p> <p>Tammy Marer Coordinator Access to Information and Privacy</p> <p>Enclose a \$5.00 money order or cheque payable to Public Sector Pension Investment Board.</p> <p>For questions or assistance, please call or email Ms. Tammy Marer at: Tel: (514) 939-5301 Email: ATIP@investpsp.ca</p>	<p>Step 3</p> <p>When you receive an answer to your request, review the information to determine whether you wish to make a further request under the Act. You also have the right to complain to the Access to Information Commissioner should you believe that you have been denied any of your rights under the Act.</p>
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Institution and address		
PSP Investments 1250 René-Lévesque Blvd. West, Suite 1400, Montréal, QC H3B 5E9		
Provide details regarding the information being sought		
Method of access preferred		
<input type="checkbox"/> Receive copies <input type="checkbox"/> Examine the documentation at PSP Investments' offices <input type="checkbox"/> Other format, please specify: _____		
Name of applicant		Email address
Address, street, apartment		City
Province	Postal code	Telephone number
This request for access to information under the <i>Access to Information Act</i> is being made by <input type="checkbox"/> a Canadian citizen, permanent resident or an individual present in Canada, best described as: <input type="checkbox"/> media <input type="checkbox"/> academia <input type="checkbox"/> business <input type="checkbox"/> organization <input type="checkbox"/> member of the public <input type="checkbox"/> decline to identify		
		OR
<input type="checkbox"/> a corporation present in Canada		
Signature		Date
The personal information provided on this form is protected under the provisions of the <i>Access to Information Act</i> and the <i>Privacy Act</i> .		