Highways and Public Works  
Access to Information and Protection of Privacy (ATIPP) Office, W-10   
PO Box 2703, Whitehorse, Yukon Y1A 2C6

[Date]

[Applicant address]

**RE: *Access to Information and Protection of Privacy Act* Request ATIPP# [YY-XXX] Request for [Public Body name] records**

The following is the Estimate of Cost (EoC) associated with access request [YY-XXX].



**Estimate of Cost Summary:** This cost estimate is based on the Access Information Summary (AIS), created by the Designated Access Officer (DAO) and attached to this EoC package. The cost was determined by calculating the number of processing hours required to complete this request and any other additional costs approved by the Access and Privacy Officer (APO). Please see the cost estimate breakdown above and the attached AIS for more information.

Program requests are allotted 5 free hours of work. Your request will take [number processing hours] hours to process. You are being charged for the additional [number charged hours] hours it will take to process this access request at $30/hour.

[Include explination if non-standard or other approved costs included.]

You will not be charged more than the amount of this estimate.

To proceed with this request you must approve the Estimate of Cost (EoC) in writing. Work will not continue on this request until written approval is received by the ATIPP Office. If no approval is received the request will be declared abandoned on [Date – 21 business days from date of form]

[Include if deposit] A Deposit amount of [Deposit amount] must be paid in addition to a signed Estimate of Cost (EoC). Please Contact the ATIPP Office to arrange payment.

Alternatively, you may refer to the attached Access Information Summary (AIS) to see the breakdown of information responsive to this request. The AIS is provided to assist you when working with the ATIPP Office to narrow the scope of your request if you desire to reduce fees.

Please see the attached waiver of fees form, if you are applying for a waiver of fees.

Please sign, date and return this document to the ATIPP Office if you approve this Estimate of Cost (EoC) [Include if deposit] and pay the deposit.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please call the ATIPP Office at (867) 393-7048, toll free (in Yukon)   
1-800-661-0408 (ext. 7048), or by e-mail at [atipp.office@yukon.ca](mailto:atipp.office@yukon.ca)

Sincerely,

[Name]

Access and Privacy Lead

A complete copy of the ATIPP Act and Regulation is available at https://legislation.yukon.ca/legislation/page\_a.html