

## Form B: Affidavit of Records

CANADA

PROVINCE OF SASKATCHEWAN

IPC FILE NUMBER \_\_\_\_\_

### **AFFIDAVIT OF RECORDS**

Sworn (or Affirmed) by \_\_\_\_\_ on

\_\_\_\_\_, 20\_\_

I \_\_\_\_\_ of \_\_\_\_\_  
(municipality, province)

have personal knowledge of, or have been advised and do believe, the following:

1. I am the head of \_\_\_\_\_, a government institution under *The Freedom of Information and Protection of Privacy Act* (FOIP) or a local authority under *The Local Authority Freedom of Information and Protection of Privacy Act* (LA FOIP).

OR

I am \_\_\_\_\_ in the \_\_\_\_\_, a government institution or local authority and have been delegated by the head with responsibilities under FOIP or LA FOIP.

2. The records listed in the attached Schedule are in the possession or under the control of the government institution (or the local authority).

3. On behalf of the government institution (local authority), I claim solicitor-client privilege or litigation privilege for each record or portions of a record listed in the attached Schedule.

4. In respect of those records, or portions of records, claimed to be protected by solicitor-client privilege, I have knowledge of, or believe, that the records relate to communications and information shared:

- i) between solicitor and client, and/or third party, with sufficient common interest in the same transactions
- ii) for the purpose of the seeking or obtaining of legal advice
- iii) intended to be kept confidential and have been consistently treated as confidential.

5. In respect of those records, or portions of records, claimed to be protected by litigation privilege, I have knowledge of, or believe, that the records were created for the dominant purpose of litigation, existing or anticipated, including any closely related proceedings. Such existing or anticipated litigation has not concluded.

SWORN (OR AFFIRMED) BEFORE ME )

at \_\_\_\_\_, Saskatchewan )

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ )

)

\_\_\_\_\_ )

\_\_\_\_\_  
(signature)

A Commissioner for Oaths for Saskatchewan

My Appointment Expires \_\_\_\_\_