FORM ATI 6

(r.25) (2) &(3)

## REPUBLIC OF KENYA ACCESS TO INFORMATION ACT, 2016

## ACCESS TO INFORMATION (GENERAL) REGULATIONS, 2023

## REQUEST FOR REVIEW BY THE COMMISSION

PART I	to be completed by Applicant
1. Name	of Applicant
2. Conta	ct Information of Applicant
	indicate the email address or telephone number to which communication related request may be sent)
Email A	ddress:
Telepho	ne number:
3. Name	of Information Holder
(Please action)	state the name of the public entity or private body from which you requested
4. On	
	[] access to information (describe the record(s) requested)
·	
5. On	
	1
	by request that the Commission on Administrative Justice conduct a review into
Signatur	e:
	Guidance on submitting a request for review can be found at www.ombudsman.go.ke or by contacting the Commission on Administrative Justice at:
	P.O. Box 20414 – 00200 NAIROBI
	Tel: +254-20- 2270000 /2303000 / 2603765 / 2441211 / 8030666

Email: info@ombudsman.go.ke 'complain@ombudsman.go.ke