



Freedom of Information Access Request Form

under the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act.

Please Note: A \$5.00 application fee is required for all requests.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to:
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If request is for **access to**, or **correction of**, own personal information records:
 Last name appearing on records: Same as below, or _____

Description of Information Requested

Detailed description of requested records, personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

What are the dates of the information you are requesting, if applicable

From: (YYYY/MM/DD) _____ To: (YYYY/MM/DD) _____

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records:	Signature:	Date: (YYYY/MM/DD)
Examine Original Receive Copy		

Contact Information

Mr. Ms. Mrs. Miss.	First Name:	Last Name:
Address: (Street/Apt. #, P.O. Box, R.R. #):		
City/Town:	Province:	Postal Code:
Telephone No. (Day)	Telephone No. (Evening)	Email:

For Institution Use Only

Date received: (YYYY/MM/DD)	Request Number:	Comments:
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