## **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 access requests.

Request for:	Name of Institution request made to:	
Access to General Records		
Access to Own Personal Information		
Correction to Own Personal Information		
If request is for <b>access to</b> , or <b>correction of</b> , own personal information records:		
Last name appearing on records:  same as below, or:		
Mr. Mrs. Ms. Miss	Last Name:	
First Name:	Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R. No.)	City/Town:	
Province:	Postal Code:	
Telephone Number (Day): ( )	Telephone Number (Evening):   ( )	
Detailed description of requested records, personal information or 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.)		
<b>Preferred method</b> Examine Original Signatu	e: Date:	
of access to records:		

Date Received:	Request Number:	Comments
Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom		
of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be		
directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.		