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 Info				
Correction to Own Personal I	nformation			
If request is for access to, or cor	rection of, own	personal i	information records:	
Last name appearing on records:	same as belo	ow, 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): ()	
	-	_	ease indicate the desired correction, and i you may require that a statement of disagr	
	ine Original ve Copy	Signature:		Date:
For Institution Use Only				
Date Received:	Request Numb	er:	Comments	
	1.040.001			

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.