

# 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:

- Access to General Records  
 Access to Own Personal Information  
 Correction to Own Personal Information

Name of Institution Request made to:

\_\_\_\_\_

If request is for access to, or correction of, own personal information records:

Last name appearing on records:  same as below, or: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: (Street / Apt. No. / P.O. Box / R.R. No.)  
\_\_\_\_\_

Middle Name: \_\_\_\_\_

City / Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Telephone (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.)

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:  Examine Original  
 Receive Copy

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 and Privacy Coordinator at the institution where the request is made.

For Institution Use Only

Comments: \_\_\_\_\_

Date Received: \_\_\_\_\_

Request Number: \_\_\_\_\_