Request Form

under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection of Privacy Act Please Note \$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 foraccess toor corr	rection of, own p	persona	I information records:	
Last name appearing on reco	rds: same a	s below,	, or <u>:</u>	
☐ 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): ()	
person information, if known.)	ersonalillorillallo	Jii,pieas	seidentify the personal nformation	Darikoi recordcontairiingirie
	•		aseindicate the desiredcorrection, and if _ ; HG LI WKH FRUUHFWL	
Preferred method			ure:	Date:
For Institution Use Only				
Date Received:	Request Numb	ber:	Comments	

Personalnformation contained on this form is collected pursuant to the Freedom of Information and Protection of PrivacyAct/Municipal Freedom of Information and Protection of PrivacyAct and will be used for the purpose of responding o your request Question about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution of the purpose of the pur