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:			Name of Institution request made	e to:
Access to General Records			i unit of institution request mut	
\square Access to Own Personal Information				
Correction to Own Personal Information				
If request is for access to , or correction of , own personal information records:				
Last name appearing on records: same as below, or:				
Mr. Mrs. Ms.	Miss		Last Name:	
First Name:			Email Address	
Address: (Street/Apt. No./P.O. Box/R.R. No.)			City/Town:	
Province:			Postal Code:	
Telephone Number (Day): ()			_ Telephone Number (Evening): ()	
access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)				
Preferred method		Signatur	e:	Date:
For Institution Use Only				
Date Received:	Kequest Numt	ber:	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.