

Mail to: Clerk

77 Beckwith Street North Smiths Falls ON K7A 2B8

Please note: A \$5.00 application fee is required for all requests.

Smiths Falls ON K7A 2B8

Request for:

Name of Institution request made to:

Access to General Records Access to Own Personal Information		Town of Smiths Falls	
I will need the documentation requested to be provided in an alternate format. Please describe the format required (e.g. larger type, etc.)			
If request is for access to , or correction of , own personal information records: Same as below, or:			
First Name:		Address:	
Middle Name:			
Last Name:		City/Town:	
Telephone Number:		Province:	
Email:		Postal Code: _	
Detailed Description of requested records. (If you are requesting access to or correction of your			
personal information, please identify the record containing the personal information, if known*.)			
personal information, piease identity the record containing the personal information, il 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.			
Signature:			Date:
For Institution Use Only			
Date Received:	Request Numbe	r:	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 Registrar, Information and Privacy Commissioner/Ontario, 2 Bloor Street East, Suite 1400, Toronto, Ontario M4W 1A8. Telephone (416) 326-3333 or toll free 1-800-387-0073.