

Access/Correction Request

There is a fee of \$5.00 to file an access request

Name of institution request made to:

Request number

Date received by institution

Final response date

Request for: Access to General Records Access to Own Personal Information
 Correction of 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 ⇒

Details

| | | | | |
|---|------------------------------|-------------|--|--|
| Last Name | First Name | Middle Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss |
| Address (Street/Apt. No./P.O. Box No./R.R. No.) | | | City or Town | Province |
| Postal Code | Telephone Number(s) Day ⇒ | Area Code | Area Code Evening ⇒ | |

Detailed description of requested records, personal information records 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 personal 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

Day | Month | Year

FOR INSTITUTION USE ONLY

Comments

Personal information contained on this form, collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, will be used for the purpose of responding to the initial request. Questions should be directed to the Freedom of Information and Privacy Coordinator at the institution where the request was made.