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 to:		
Access to General Records			*		
Access to Own Personal Information					
Correction to Own Personal 1	information				
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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:			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.)					
	· 0 · · 1	1 • ,		D (
	ine Original S ve Copy	Signature	gnature: Date:		
For Institution Use Only					
Date Received: Request Numb		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 Freedom of Information and Privacy Co-ordinator at the institution where the request is made.