



Information Access Request Municipal Freedom of Information and Protection of Privacy

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

<input type="checkbox"/> Mr.	Last Name	First Name	Middle Name	Year	Date of Birth Month	Day
<input type="checkbox"/> Mrs.						
<input type="checkbox"/> Ms.						
<input type="checkbox"/> Miss						

Address (Street No./Apt. No./P.O. Box No./RR No.) _____ Street Name _____

City _____ Province _____ Postal Code _____

Telephone Number(s)	Area Code	Area Code
Day ()	()	Evening ()

To Be Mailed Out: <input type="checkbox"/>	Date of Request
To Be Picked Up: <input type="checkbox"/>	Year Month Day

Signature: _____

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) 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.

FOR POLICE USE ONLY

Identification Produced (1) _____	Date of Birth
(2) _____	Year Month Day

Payment: \$ _____ Initials & Badge No. _____

Year	Date Received Month	Day	Request Number	Comments

Personal information contained on this form is collected pursuant to the 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 Information and Privacy Unit.