



Freedom of Information 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.**

- Access to General Records
- Access to Own Personal Information
- Correction to Own Personal Information

Name of Institution request made to: _____

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

First Name: _____ Middle Initial: _____ Last Name: _____

Address: (Street/Apt. No. / P.O. Box / R.R. No.)

Province: _____ City / Municipality: _____ Postal Code: _____

Telephone Number (Day): (____) _____ Telephone Number (Evening): (____) _____

Detailed description of requested records, personal information 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: _____

For Institution Use Only

Date Received: _____ Request Number: _____

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-coordinator at the Municipality of South Bruce.