



Access/Correction 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. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name	First Name	Middle Name	Year	Date of Birth Month	Day
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Address (Street No. / Apt. No. / P.O. Box No. / RR No.)

Street Name

City

Province

Postal Code

Telephone Number (s)

()

Email Address:

To be Picked Up at South Division: ☐

To be Picked Up at North Division: ☐

Date of Request
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
Year Month Day

(2) _____

Payment: \$ _____ Receipt # _____ Initials & Badge No. _____

Date Received
Year 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.