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.

Name of Institution request made to _____

Request for

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

Requester Information

Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name _____
First Middle Last

Full Address _____
Street Name and Number / Apartment Number / PO Box / Rural Route Number

Town _____Province _____Postal Code_____

Phone Number_____Day _____Evening

Email Address_____

Description of Request

Give a detailed description of requested records, personal information or personal information to be corrected.

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 containing the personal information, if known.

_____

_____

_____

Method of Access

Please indicate your preferred method of access ☐ Receive Copy ☐ Examine Original

For Institution Use Only

Date Request 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-ordinator at the Town of Saugeen Shores.