



Freedom of Information Request

Please note that under the Municipal Freedom of Information and Protection of Privacy Act a \$5.00 application fee is required for each request.

There may be additional charges for the Freedom of Information that you are requesting. You will be notified of the charges in advance. If there are additional fees, you will be required to pay these before any action is taken.

Contact Information

<i>First Name</i>		<i>Last Name</i>	
<i>House #</i>	<i>Street Name</i>		<i>Unit #</i>
<i>City</i>		<i>Province</i>	<i>Postal Code</i>
<i>Home Phone</i>		<i>Daytime Contact</i>	<i>Cell Phone</i>
<i>e-mail address</i>			

Type of information being requested

<input type="checkbox"/> <i>Access to General Records</i>	<input type="checkbox"/> <i>Access to Own Personal Information</i>	<input type="checkbox"/> <i>Correction to Own Personal Information</i>
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If the request is for access to or a correction of your own personal information records:

Name as it appears currently in our records _____

Reason a change is required _____

Detailed description of requested information

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 cannot be made.

I would prefer to receive correspondence electronically (e-mail address must be provided)

Signature _____ *Date* _____

For office use only

Date Received _____ *Request No.* _____ *Date Completed* _____

Comments