



# Form E

## Access/Correction Request

## Municipal Freedom of Information and Protection of Privacy Act

### Request For

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

If request is for access to, or correction of, own personal information records:

Surname appearing on Records:  Same as below or \_\_\_\_\_

### Details

\_\_\_\_\_  
Name (Surname, Given Name, Middle Name)

Mr.    Mrs.

Ms.    Miss

\_\_\_\_\_  
Date of Birth (YYYY-MM-DD)

\_\_\_\_\_  
Address (Unit # - Street #, Street Name, City, Postal Code)

\_\_\_\_\_  
Phone Number - Day

\_\_\_\_\_  
Phone Number - Evening

TO BE MAILED OUT

TO BE PICKED UP

TO BE EMAILED TO - \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

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 information, if known. If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach 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 (YYYY-MM-DD)

2) \_\_\_\_\_

Payment: \$ \_\_\_\_\_   Initials and Badge #: \_\_\_\_\_

\_\_\_\_\_  
Date Received (YYYY-MM-DD)   Request #   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.