



**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 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:**

Last Name	First Name	Middle Name	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss	Date of Birth (YYYY-MM-DD)
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Address Unit # - Street No.	Street Name	City
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Postal Code	Telephone Number(s) Day -	Evening -
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- TO BE MAILED OUT
- TO BE PICKED UP

SIGNATURE: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_  
(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 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 (YYYY-MM-DD): _____
	(2) _____	
	PAYMENT \$	INITIALS AND BADGE NO:

Date Received (YYYY-MM-DD)	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.**