



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 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.