

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.



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:

Last name appearing on records: same as below, or: _____

Mr. Mrs. First Name: Middle Name: Last Name:

Ms. Miss _____

Address: (Street/Apt. No./P.O. Box/R.R. No.) City/Town: _____

Province: Postal Code: Email Address: _____

Phone Number (Day): Phone Number (Evening): _____

Detailed description of requested records, personal information 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 person information, if known.)

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 is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records: Signature Date
Examine Original Receive Copy _____

For Institution Use Only
Date 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 institution where the request is made.

Save and email the completed form to khearst@cobourg.ca.