



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

Contact Information

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

Type of information being requested

<input type="checkbox"/> Access to General Records	<input type="checkbox"/> Access to Own Personal Information	<input type="checkbox"/> Correction to Own Personal Information
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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