

Request Formunder the *Municipal Freedom of Information and Protection of Privacy Act* Please Note: a \$5.00 application fee is required for all requests.

Request for:		Name of Institution Request m	ade to:
Access to General R	ecords		
Access to Own Personal Information			
Correction to Own Personal Information			
If request is for access to,	or correction of, own perso	nal information records:	
Last name appearing on re	ecords: 🗆 same as below, or		
MrMrsMs	sMiss		
First Name:		_Address:	
Last Name:			
Middle Name:		City/Town:	
Phone (H):		Province:	
Phone (C):		Postal Code:	
Email:		_	
	the personal information, if	al information, please identify the person in the person is known.)	
	vill be notified if the correction is n	ease indicate the desired correction, and if a lot made and you may require that a statem	
Preferred method of accExamine Original	cess to records: _Receive Copy	Signature:	Date:
For Institution Use Only:			
Date Received:	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 Clerk of the Municipality of Magnetawn.