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:	Ac	Access to General Records								
	Access to Own Personal Information									
	Co	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 Num	:					

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 clerk@cobourg.ca.**