



Access/Correction Request

Municipal Freedom of Information and Protection of Privacy

Please note: A \$5.00 application fee is required for all requests.

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| Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information | Name of Institution request made to: Clerks Division Town of Grimsby 160 Livingston Avenue Grimsby, ON L3M 4G3 |
| If request is for access to , or correction of , own personal information records: Full name appearing on records: _____ or <input type="checkbox"/> same as below | |
| Contact Information: First Name: _____ Middle Name: _____ Last Name: _____ Email: _____ Phone Number (Day): (____) _____ Phone Number (Evening): (____) _____ | Mailing Address: _____ Street/Apt. No. /P.O Box/R.R. No. _____ City/Town _____ Province _____ Postal Code _____ |
| 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 personal 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: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy | Signature: _____ Date: _____ |
| For Office Use Only: <input type="checkbox"/> \$5.00 Application Fee Received 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.