

Access Request Form

Municipal Freedom of Information and Protection of Privacy Act

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

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Name of Institution request made to:
---	--------------------------------------

If request is for access to, or correction of, own personal information records:

Last name appearing on records: same as below OR

Details	
Last Name	First Name
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss

Address (Street/Apt. No./P.O. Box No./R.R. No.) City or Town Province

Postal Code	Telephone Number(s)	Area Code	Area Code
	Day		Evening

Detailed description of requested records, personal information records 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
		Day Month Year

For Institution Use Only		
Date received	Request Number	Comments
Day Month Year		

Personal information contained on this form is collected pursuant to *Municipal Freedom of information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about the collection should be directed to the Town Clerk, Town of New Tecumseth, 10 Wellington Street East, Alliston Ontario, L9R 1A1, 705-435-3900 or clerksdept@newtecumseth.ca.
 As a result of making this application, the abovesigned acknowledges, covenant and agrees to adhere to all Provincial Public Health Restrictions as of the date of this application and indemnify and save harmless the Town of New Tecumseth from any liability for medical issues arising from the process of submitting the said Application howsoever arising.