



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: <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: Municipality of Thames Centre
---	--

If request is for **access to**, or **correction of**, own personal information records:
 Last name appearing on records: same as below, or: _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
First Name: _____	Address (Street/Apt. No./P.O. Box/R.R. No.): _____
Middle Name: _____	City/Town: _____
Last Name: _____	Province: _____
Telephone (Day): () _____	Postal Code: _____
Telephone (Evening: () _____	Email: _____

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 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.



Instructions for Completing Access or Correction Request

Informal Access to Records

Many records of public institutions are available to you without making a request under the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.

Contact the Freedom of Information and Privacy (FOIP) Coordinator at the institution that holds the records to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records.)

The Clerk is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them. (e.g., power of attorney, guardian or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address, telephone number and email address accurately.

C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible, e.g., from 2008/07/21 to 2009/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

A \$5 application fee is required. Cash payments must be paid in person.

Please make cheques payable to the Municipality of Thames Centre.

Sign and date the form. You can mail it or submit in person to the Municipality:

clerk@thamescentre.on.ca
Municipality of Thames Centre
4305 Hamilton Road
Dorchester, ON N0L 1G3