## **Access/Correction Request Form**

## Municipal Freedom of Information and Protection of Privacy Act



Submit to: Town Clerk

Town of Gananoque 30 King Street East Gananoque, ON K7G 1E9

**INCLUDE \$5.00 APPLICATION FEE.** 

Request for:	Name of Institution request made to:					
Access to General Records	CORPORATION OF THE SEPARATED					
Access to Own Personal Information	TOWN OF GANANOQUE					
Correction to Own Personal Information	n					
If request is for access to, or correction of, own personal information records:						
Last name appearing on records: same as below, or:						
Mr. Mrs. Ms. Miss	ast Name:					
First Name:	1iddle Name:					
Address: (Street/Apt. No./P.O. Box)	City/Town:					
Province:	ostal Code:					
Telephone Number (Day):	lephone Number (Evening):					
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.)						

Access/Correction Request Form							
<b>Note:</b> 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:		nine Original ive Copy	Signature:		Date:		
For Institution Use Only							
Date Received: Request Numbe		r:	Comments:				
Personal information contained on this form is collected pursuant to the <i>Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act</i> 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 Coordinator at the institution where the request is made.							