

Access/Correction Request Form

Municipal Freedom of Information and Protection of Privacy Act



Submit to: Town Clerk
Town of Gananoque
PO Box 100, 30 King Street East
Gananoque, ON K7G 2T6

INCLUDE \$5.00 APPLICATION FEE.

Request for:

- Access to General Records
 Access to Own Personal Information
 Correction to Own Personal Information

Name of Institution request made to:

**CORPORATION OF THE SEPARATED
TOWN OF GANANOQUE**

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

Last Name:

First Name:

Middle Name:

Address: (Street/Apt. No./P.O. Box/R.R.
No.)

City/Town:

Province:

Postal Code:

Telephone Number (Day):

Telephone 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

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:
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For Institution Use Only

Date Received:	Request Number:	Comments:
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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 Coordinator at the institution where the request is made.