

REQUEST ACCESS/CORRECTION REQUEST FORM

Form 2

Municipal Freedom of Information and Protection of Privacy Act or Personal Health Information Protection Act

**MFIPPA legislation requires a \$5.00 fee to be submitted to the institution to which you are making the request.*

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: City of Kawartha Lakes Clerk's Department P.O. Box 9000, 26 Francis Street Lindsay, ON K9V 5R8
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If request is for access to, or correction of, own personal information records: _____

Last name appearing on records: Same as below, OR _____

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

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

Postal Code _____ Telephone Number(s) _____
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 (dd/mm/yy) _____
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For Institution Use Only:		
Date Received	Request Number	Comments
dd mm yy		

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and/or the Personal Health Information Protection Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the City Clerk or Deputy-Clerk at (705) 324-9411 extension 1295 or 1322.