

The Corporation of the Township of Otonabee-South Monaghan  
P.O. Box 70, 20 Third Street, Keene, Ontario K0L 2G0 (705) 295-6852 (705) 295-6405 fax

**Request Form**

A generic request form for filing a request for information held by a government organization or to request a correction of your personal information held by a government organization. The completed form, and the \$5.00 fee, should be submitted directly to the government organization that holds the record or records you are seeking, or that holds the personal information that you are asking to have corrected.

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

<b>Request for:</b> <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	<b>Name of Institution request made to:</b>
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If request is for <b>access to</b> , or <b>correction of</b> , own personal information records:  Last name appearing on records: <input type="checkbox"/> same as below, or: <hr/>
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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):

(    ) _____	(    ) _____
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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.

<b>Preferred method of access to records:</b>	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature:	Date:
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<b><i>For Institution Use Only</i></b>		
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 Co-ordinator at the institution where the request is made.

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