



Access / Correction Request

*Under the Freedom of Information and Protection of Privacy Act /
Municipal Freedom of Information and Protection of Privacy Act*

Application Fee *\$5.00. An application fee of \$5.00 is to accompany all requests for information and/or correction requests. Please make cheque/money order payable to the Township of Otonabee-South Monaghan. Forward to: Township of Otonabee-South Monaghan, P.O. Box 70, 20 Third Street, Keene, Ontario, K0L 2G0. In addition to the application fee, the requester is responsible for search time at the rate of \$7.50 for every 15 minutes and photocopy fees of \$0.20 per page as per the regulations.

Please include a copy of a signed form of identification, with any request for your own personal information.

| | |
|---|---|
| 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: |
|---|---|

| | | |
|---|-----------------------|------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | | |
| First Name: _____ | Middle Initial: _____ | Last Name: _____ |
| Address _____ | City / Town: _____ | |
| Province: _____ | Postal Code: _____ | |
| Telephone Number: (Day) _____ | (Evening): _____ | |

Detailed description of requested records, personal information or personal information to be corrected. If more space is needed, please attach. (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: _____ |
|--|--|------------------|-------------|

| | |
|--|------------------------|
| Office Use Only: <input type="checkbox"/> MFIPPA <input type="checkbox"/> PHIPA <input type="checkbox"/> BOTH | Fee Enclosed: Yes / No |
| Date Request Received: _____ Due Date: _____ Request Number _____ | |

The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to your request. Questions about this Collection should be directed to FOI Co-ordinator, Township of Otonabee-South Monaghan, P.O. Box 70, 20 Third Street, Keene, Ontario K0L 2G0 Tel: (705) 295-6852 Fax: (705) 295-6405