

Access or Correction Request

Municipal Freedom of Information and Protection of Privacy Act

Please see instructions on page 2 before filling out this form

A. Type of Re	equest						
Access to ge	neral record	ls (non-personal informa	ation)				
Access to own personal information							
Access to other's personal information by authorized party							
Correction of	own persor	nal information					
B. Requester	's Informa	ition					
Last name			First name			Middle initial	
Unit/Apt. no.	Street no.	Street name	L			PO box	(
City/Town	I			Province		Postal	code
Contact no. (include area code)				Email address	3		
Preferred Commu	ınication Me	thod					
		by Email		by Mail			
C. Description of Records or Correction Requested							
-			-				
Times we wind of the			Mathad	of access			
Time period of the records From (mm/dd/yyyy) To (mm/dd/yyyy)							
To (min/dd/yyyy)			Rece	Receive copy Examine original (on site of			
D. Payment a	and Signat	ure					
\$5 application fee				Э		Date (m	ım/dd/yyyy)
Cheque	n person only)						
Personal information	n contained o	n this form is collected und	der the <i>Munic</i>	cipal Freedom of	Information and Protection of Pri	vacy Act an	d will be used
			ould be direct	ed to the Munici	pal Clerk, Township of Southgate	, 185667 G	rey County
Road 9, Dundalk O		519-923-2110 X230					
E. Institution Use Only Date received (mm/dd/yyyy) Request no. Comments							
Date received (mm/dd/yyyy) Request no.			Commer	11.5			

Instructions for Completing Access or Correction Request

Informal Access to Records

Some records are available to you without making a request under the *Municipal Freedom of Information and Protection of Privacy Act.* Questions may be directed to the Municipal Clerk, Township of Southgate, 185667 Grey County Road 9, Dundalk ON, NOC 1B0, 519-923-2110 x230, jhyde@southgate.ca.

A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records.)

The Information Governance and Records Manager is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible e.g., from 2008/07/21 to 2009/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

A \$5 application fee is required. Cash payments must be made in person.

Make cheques payable to The Corporation of the Township of Southgate.

Sign and date the form and mail it or submit it in person to the attention of the Municipal Clerk, Township of Southgate, 185667 Grey County Road 9, Dundalk ON, N0C 1B0, 519-923-2110 x230, jhyde@southgate.ca.