**Legal Services / Clerk's Department**  Telephone: 519-845-0801

789 Broadway Street, Box 3000 Toll-free: 1-866-324-6912

Wyoming, ON N0N 1T0 Fax: 519-845-0818

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| **Request For Information** |  |
| **Please Note: A $5.00 application fee is required for all requests** | |
| **Request for:**  Access to General Records  Access to Own Personal Information  Correction to Own Personal Information | **Name of Department request made to:** |
|  |
|  |  |
| 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: | Address: |
|  |  |
| City/Town: | Province: |
|  |  |
| Postal Code: | Telephone Number:  (     ) |
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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. | | | | |
|  | | | | |
| **Preferred method of access to records:** | Examine Original  Receive Copy | | Signature: | Date: |
|  | | |  | |
| **To be completed by County staff** | | | | |
| Date Received: | Request Number: | Comments: | | |
| Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* R.S.O. 1990,CHAPTER M.56 and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI Coordinator at 519-845-0809 ext. 5253. | | | | |