

THE CORPORATION OF THE TOWNSHIP OF ST. JOSEPH
MUNICIPAL FREEDOM OF INFORMATION REQUEST FORM

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

- Request is for:** Access to General Records
 Access to Your Own Personal Information
 Correction to Your Own Personal Information

If request is for **access to**, or **correction of**, your own personal information records:

Last name appearing on records: same as below, or: Mr. Mrs. Ms. Miss

Applicant Last Name	First Name	Middle Name
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Address: (Street / Apt. / P.O. Box / R.R. #) City/Town: Province: Postal Code:

Daytime Phone: () _____ Evening Phone: () _____

Please provide a detailed description of requested records or information to be corrected. (If you are requesting access to or correction of your own information, please identify the 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.

Do you prefer to: Examine the Original OR Receive a Copy

Signature: _____ Date: _____

For Township Use Only

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/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 Municipal Freedom of Information and Privacy Coordinator at the institution where the request is made.

FOR OFFICE USE ONLY

Staff initials to conduct records search : _____

Date search commenced: _____ Date search completed: _____

Amount of time spent searching (in 15 minute increments): _____

Number of pages photocopied: _____ Other charges: _____