

Access/Correction Request Form

## Municipal Freedom of Information & Protection of Privacy Act

A \$5.00 application fee must accompany each request for information. Cheques or money orders should be made payable to the Regional Municipality of Halton. No fee applies for correction request.

Request for:					
Access to general records			ess to other's personal ation by authorized party		Correction of own personal information
Requester's Information					
Last Name		First name		Middle Name	
Mailing Address ( <i>Street/Apt. No./P.O. Box No./R.R. No.</i> ) City/Town					
Province	Postal Code	Telephone No.:	E-mail (optional):		
Detailed description of requested records, personal information records, or records to be corrected.					
<b>Note:</b> 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 a statement of disagreement be attached to your personal information.					
Preferred metho	d of access to re	cords: Exa	mine Original	R	eceive Copy
Signature			<b>Date</b> mm/dd/yyyy		
For Institution Use Only					
<b>Date Received</b> mm/dd/yyyy		Comments			
Request No.					
Personal Information contained on this form is collected pursuant to the 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 can be directed to the Freedom of Information and Privacy Coordinator, Clerk's Office, Halton Region, 1151 Bronte Road, Oakville, ON L6M 3L1, 905-825-6000, or toll free 1-866-442-5866, ext. 7252.					