

## **Request Form**

under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection of Privacy Act

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

Request for:  Access to General Records  Access to Own Personal Inform Correction to Own Personal In		-	Name of Institution request made United Counties of Prescott and Russel 59 Court Street, PO Box 304, L'Origna mcadieux@prescott-russell.on.ca	ll, Clerk's Office
If request is for <b>access to</b> , or <b>correction of</b> , own personal information records:				
Last name appearing on records:  same as below, or:				
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss		Last Name:		
First Name:		Middle Name:		
Address: (Street/Apt. No./P.O. Box/R.R. No.)		City/Town:		
Province:		Postal Code:		
Telephone Number (Day):		Telephone Number (Evening):		
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 person 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		Signature:		Date:
For Institution Use Only				
Date Received:	Request Number:	:	Comments	

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/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 should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.