



Access/Correction Request Freedom of Information and Protection of Privacy

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Name of Institution request made to: <p style="text-align: center;">The Corporation of the City of Thorold</p>
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If request is for access to, or correction of, own personal information records

Last name appearing on records: same as below or ▶

Details:

Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Address (Street/Apt. No. P.O. Box No./R.R. No.)		City or Town	Province
Postal Code	Telephone Number(s)		
		Business:	Home:

Detailed description of requested records, personal information records 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 records 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: _____

For Institution Use Only

Date received:

Request Number:

Comments:

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation 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 Coordinator at the Institution where the request is made.

THE CORPORATION OF THE CITY OF THOROLD

3540 Schmon Parkway, P.O. Box 1044
Thorold, Ontario L2V 4A7 Phone (905) 227-6613