



Access to Records Request Form

Type of Request

- Access to General Records
- Access to Own Personal Information
- Correction to Own Personal Information

If request is for access to, or correction of, own personal information records, indicate if the last name appearing on the records is: Same as below, or: _____

Contact Information:

Last Name: _____ Given Name(s): _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Details of Request:

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.)

What are the dates of the information you are requesting, if applicable. (yyyy-mm-dd)

From: _____ To: _____

Preferred Method of Access to Records:

- Examine original
- Receive paper copy (\$.20/page)
- Receive electronic copy
- Alternate format. Please describe the format required:

Source of Request:

- Individual / Public
- Business
- Individual (by Agent)
- Academic / Researcher

Submission Requirements:

- Ensure this form is completed in full.
- Include the \$5.00 Application Fee (cash, cheque or money order, made payable to the City of Owen Sound)
- Mail or Hand Deliver Request to: Clerks Department
City of Owen Sound
808 2nd Avenue East
Owen Sound, ON N4K 2H4

Consent:

Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* or *Municipal Freedom of Information and Protection of Privacy Act* and will be used to answer your request.

Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where you make the request.

Signature of Applicant

Date

Office Use Only

Date Received: _____

Request #: _____

Comments: _____