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:			Name of Institution request made to:	
Access to General Records			City of Stratford	
 Access to Own Personal Information Correction to Own Personal Information 			City of Strain	JIU
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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:				
Mr. Mrs. Ms. Miss Address: (Street/Apt. No./P.O. Box/R.R. No.)			First Name	
			Last Name:	
Province:			City/Town:	
Telephone Number (Day): ()			Postal Code:	
Telephone Number (Evening): ()			Email Address:	
access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)				
Preferred method□Examine OriginalSof access to records:□Receive Copy			e:	Date:
For Institution Use Only				
Date Received: Request Numb		oer:	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.