



Freedom of Information 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

This form will be made available in alternative formats upon request

Request For: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to: Town of Ingersoll Freedom of Information and Privacy Coordinator 130 Oxford St. 2 nd Floor Ingersoll, ON N5C 2V5
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If request is for access to, correction of, own personal information records:					
Last name appearing on records: <input type="checkbox"/> same as below, or: _____					
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Last Name:	_____
First Name	_____			Middle Name:	_____
Street #:	_____			Apt. # RR, or Box #:	_____
Street Name:	_____			City/Town:	_____
Province:	_____			Postal Code:	_____
Daytime Telephone #:	_____			Evening Telephone #:	_____
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)					

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 to access records:	<input type="checkbox"/> Examine Original			<input type="checkbox"/> Receive Copy	
Signature of Applicant:	_____			Date:	_____

For Internal Use Only		
Date Received:	Request #:	Comments: