



Clerk's Department
1155 Emily Street
Mooretown, ON N0N 1M0

Telephone: 519-867-2021
www.stclairtownship.ca

FREEDOM OF INFORMATION REQUEST FORM

Please note, a \$5.00 application fee is required for all requests.

Additional fees may be charged in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and/or the *Personal Health Information Protection Act*.

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 Department request made to:
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Last Name:	First Name:
Middle Name:	Address:
City/Town:	Province:
Postal Code:	Telephone Number: ()
Email Address:	

If request is for access to, or correction of, own personal information records:
Last name appearing on records: <input type="checkbox"/> same as below, or: _____

Please provide a detailed description of requested records, personal information or personal information to be corrected.

Please specify a record date range, if known:

Date from:

Date to:

Please Note:

- 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.
- 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.
- If you are requesting personal information for yourself or for a third party with consent, you will be required to provide a copy of government-issued identification prior to records disclosure (i.e. driver's license, Ontario photo card, passport, etc.).

Preferred method of access to records:

- Examine Original
- Receive Electronic Copy, by email
- Receive Paper Copy, by mail (additional fees apply)
- Receive Electronic Copy, by mail (additional fees apply)

If paying by cheque, please make the cheque payable to "The Corporation of the Township of St. Clair". If mailing, please address mail to the attention of the Clerk's Department, 1155 Emily Street, Mooretown, ON, N0N 1M0.

Date:

Signature:

To be completed by Township staff:

Date Received:

Request Number:

Comments: