



Freedom of Information Request Form

Requestor Category:

- | | |
|---------------------|-----------------------|
| Individual / Public | Individual by Agent |
| Business | Academic / Researcher |
| Association / Group | Government |
| Media | Other: _____ |

Type of Request:

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

Mr. Mrs. Ms. Miss Last Name: _____ First Name: _____ Middle Initial _____

Address: House No. _____ Unit No. _____ Street Name: _____

City: _____ Province: _____ Postal Code _____ Telephone: _____

Email: _____

Company Name (if applicable): _____

Please provide a detailed description of the information that is being requested:

The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, Chapter M.56 and/or the Personal Health Information Protection Act, S.O. 2004, Chapter 3, Schedule A. The information will be used for the purposes of responding to your request. Questions about this collection can be directed to the Manager, Records and Information Management, 225 East Beaver Creek Road, Richmond Hill, Ontario L4B 3P4 or by telephone at 905-771-5547

A \$5.00 application fee is required at the time of making your request. Note that your request may be subject to other fees.

Signature: _____ **Date Requested:** _____

For Office Use Only

Date Received: _____ **Case No.** _____