



Freedom of Information Request Form

Requestor Category		Type of Request
<input type="checkbox"/> Individual / Public	<input type="checkbox"/> Individual by Agent	<input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information
<input type="checkbox"/> Business	<input type="checkbox"/> Academic / Researcher	
<input type="checkbox"/> Association / Group	<input type="checkbox"/> Government	
<input type="checkbox"/> Media	<input type="checkbox"/> Law Enforcement	
<input type="checkbox"/> Other _____	(badge # _____)	

Applicant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name:	First Name:
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Company Name (if applicable):

Address:	Apt/Unit #:
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City/Town:	Postal Code:	Phone Number:
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Email Address:

Preferred Method of Contact:

Please Provide a Detailed Description of the Information you are requesting:

Processing and Payment Information:

A \$5.00 application fee is required at the time of making your request. Note that your request may be subject to other fees. Cash, cheque, debit, Visa and Mastercard are accepted in person at Access Richmond Hill. Application forms submitted by mail may only be paid by cheque. Online payment is not available. Access Richmond Hill, 225 East Beaver Creek Road, Richmond Hill, Ontario L4B 3P4

Notice of Collection: 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, c. M.56 and/or the Personal Health Information Protection Act, S.O. 2004, c. 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, Legislative Services, 225 East Beaver Creek Road, Richmond Hill, Ontario L4B 3P4, or by telephone at 905-771-5547

Signature:	Date:
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For Office Use Only	
Date Received:	Case Number: