



REQUEST FOR ACCESS TO INFORMATION BY THE PUBLIC

Date (MM/DD/YYYY): _____

Requestor Information

First Name

Middle Name

Last Name

Apt/Unit Number

Building/House Number

Street

City/Town

Province

Postal Code

(_____) _____

Telephone Number (Day)

(_____) _____

Telephone Number (Evening)

Request for

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

If request is for access to, or correction of, own personal information records, name is

- same as above
- different. Please specify name: _____

Preferred method of access to records

- Examine Original
- Receive Copy



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

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.

Signature of Requestor _____

Date (MM/DD/YYYY) _____

For Office Use only		
Date Received (MM/DD/YYYY)	Request Number	Comments

