



## **Access / Correction Request Form**

Municipal Clerks Office  
1 Toronto Street  
P.O. Box 357  
Colborne, ON K0K 1S0

### **Municipal Freedom of Information and Protection Privacy Act**

Application Fee \$5.00. An application fee of \$5.00 is to accompany all requests for information and/or correction requests. Please make cheque/money order payable to the Township of Cramahe. Forward to the Clerk, 1 Toronto Street, P.O. Box 357, Colborne, ON K0K 1S0

### **Request for:**

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

### **Township of Cramahe:**

- Identity Division:
- Unit Name/Location:
- Other Institution (if applicable):

### **Contact Information**

<b>Last Name:</b>	<b>First Name:</b>	<b>Initial:</b>
<b>Daytime Telephone No.:</b>	<b>Evening Telephone No.:</b>	
<b>Address:</b>		<b>Suite No.:</b>
<b>City/Town:</b>	<b>Province:</b>	<b>Postal Code:</b>



**Detailed description of requested records, personal information records or personal information to be corrected.**

\*If you are requesting a correction of personal information, please indicate the desired correction and attach any supporting documentation.

**Preferred method of access to records:**

Examine Original

OR

Receive a Copy

\*Fees: Please note processing costs (i.e., photocopying, postage) may apply

**Signature of Applicant:**

**Date:**

**Office Use Only:**

**Date Request Received:**

**Date Application Fee Received:**

**Date Due:**

**Request No.:**

*The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to your request.*