Municipal Freedom of Information and Protection of Privacy Request Form Access/Correction

Please Note: This request form should be submitted to the institution that you believe has the records along with a \$5.00 request fee.

Request for: [] Access to General Records	Name of Institution request made to: Township of Lanark Highlands
	75 George Street Lanark, Ontario K0G 1K0

If request is for **access to**, or **correction of**, own personal information records: Last name appearing on records: [] same as below, or: ______

[]Mr. []Mrs. []M	ls. [] Miss	Last Na	ast Name:			
First Name:		Middle N	Middle Name:			
Address: (Street/Apt. No./P.C	D. Box/R.R. No.)	City/Town:				
Province:			Postal Code:			
Telephone Number (Day):			Telephone Number (Evening):			
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Detailed description of requested records, personal information or personal information to be corrected. (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.)						
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.						
Preferred method of access to records: [] Examine Original] Receive Copy	Si	gnature:	Date:		
For Institution Use Only						
Date Received:	Request Number:		Comments:			
Personal information contained on this form is collected pursuant to the <i>Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.						