

Access/Correction Request

Municipal Freedom of Information and Protection of Privacy Act Application Fee \$5.00

Come for a visit. Stay for a lifestyle.

Request For:						Submit Completed Request To:						
□ Access to General Records						Freedom of Information Coordinator The Municipality of Trent Hills 66 Front Street South, PO Box 1030						
	Access to Own Personal Information											
	Correction		Campbe	llford, Ol	N KOL	_ 1L0						
If request is for access to, or correction of, own personal information records:												
	Last name	appearing on I	records: [□ same as	below C	or 🕨						
Details:												
Last Name:				First Name:		Middle Initial:					Mr.	□ Mrs.
Address (Street & No./Apt. No./P.O. Box No./R.R						Town					Ms.	□ Miss
Address (S	treet & No./Apt.	NO./F.O. BOX N	0./K.K. NO.)			TOWN				FIU	vince	
Postal Code	e	Telephone N	umber(s)	Day			Cell			Even	ing	
				()		()		()	
Detailed description of requested records, personal information records 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 is formation bank or record containing the personal information is formation.												
information, if known.)												
Noto: /	f you are recu	octing a correct	tion of nor	onal inform	ation place	o indicata th	o docirod	oorroot:	on and if co	proprie	to otto	
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: Signature:						Date Prepa Month					Davi	Vaar
Exa	amine Origina	ıl							wonth		Day	Year
C Ree	ceive Copy											
For Office Use Only:												
Date Rece					Request	Number		Con	nments:			
Month	Day	Year				/						
APPLICAT	APPLICATION FEE: \$5.00 Received: Cheque Cash Debit											
Personal information contained on this form is collected pursuant to The Municipal Freedom of Information and Protection of Privacy Act, and will												
Personal in	nformation con	tained on this t	torm is colle	ected pursu	ant to The	Municipal Fre	edom of I	nformat	ion and Prot	ection o	of Priva	cy Act, and will

be used for the purpose of responding to your access request. Questions about this collection should be directed to the Freedom of Information Coordinator, The Municipality of Trent Hills, 66 Front Street South, PO Box 1030, Campbellford, ON K0L 1L0.