



# Access or Correction Request

Municipal Freedom of Information and Protection of Privacy Act

Please see instructions on page 2 before filling out this form

## A. Type of Request

- Access to general records (non-personal information)
- Access to own personal information
- Access to other's personal information by authorized party
- Correction of own personal information

## B. Requester's Information

Last name		First name		Middle initial
Unit/Apt. no.	Street no.	Street name		PO box
City/Town		Province	Postal code	
Home phone no. (include area code)		Business/Mobile phone no. (include area code & extension)		
E-mail Address:				

## C. Description of Records or Correction Requested

Time period of the records		Method of access	
From (yyyy/mm/dd)	To (yyyy/mm/dd)	<input type="checkbox"/> Receive copy	<input type="checkbox"/> Examine original (on site only)

## D. Payment and Signature

\$5 application fee		Signature	Date (yyyy/mm/dd)
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash (in person only)		

Personal information contained on this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to answer your request.

Questions about this collection should be directed to the Legislative Administrator, Town of Milton, 150 Mary St., Milton, ON, L9T 6Z5 905-878-7252 #2109

## E. Institution Use Only

Date received (yyyy/mm/dd)	Request no.	Comments
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## **Instructions for Completing Access or Correction Request**

### **Informal Access to Records**

Some records are available to you without making a request under the *Municipal Freedom of Information and Protection of Privacy Act*. Questions may be directed to the Legislative Administrator at the Town of Milton, 150 Mary Street, Milton, ON, L9T 6Z5, 905-878-7252 #2109, and email: [brett.stein@milton.ca](mailto:brett.stein@milton.ca).

### **A. Type of Request**

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records.)

The Legislative Administrator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian or trusteeship order).

### **B. Requester's Information**

Please ensure you have entered your name, address and telephone numbers accurately.

### **C. Description of Records or Correction Requested**

Provide as much detail as possible about the requested general records, own personal information, or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible e.g., from 2008/07/21 to 2009/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

### **D. Payment and Signature**

A \$5 application fee is required. Cash payments must be made in person.

Make cheques payable to The Corporation of the Town of Milton.

Sign and date the form and mail it or submit it in person to the attention of the Legislative Administrator, Town of Milton 150 Mary Street, Milton, ON, L9T 6Z5, 905-878-7252 #2109, and email: [brett.stein@milton.ca](mailto:brett.stein@milton.ca).