Access/Correction Request Municipal Freedom of Information and Protection of Privacy Act Application Fee \$5.00			
Request for: Submit completed request to:			
Access to General Records		Municipal Freedom of Information Coordinator	
Access to Own Personal Records Clerks Department			
Correction of Own Personal Information			
If request is for access to, or correction of, own personal information records:			
Last name appearing on records: □ same as below or ►			
Application Information:			
Last Name		First Name:	
Street Address:	treet Address:		Town/City:
Postal Code:	Email Address:		Phone #:
personal information bank or rec			information, please identify the ation, 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 			
For Office Use Only:			
Date Received:	Reque	st Number	Receipt Number
Application: \$5.00 Received:			
Personal information contained on this form is collected under the authority of <i>The Municipal Freedom of Information and Protection of Privacy Act,</i> and will be used for the purpose of responding to your access request. Questions about this collection should be forwarded to the Clerk at clerks@midland.ca.			