



## Access/Correction Request Form

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

Please Note: A \$5.00 application fee is required for all requests.

<b>Request for:</b> ? Access to general records ? Access to Own Personal Records ? Correction to Own Personal Information	<b>Town of Kapuskasing</b> Clerk's Office 88 Riverside Drive Kapuskasing, Ontario P5N 1B3 Identify Dept.: _____
? Mr. ? Mrs. ? Ms. ? Miss	Last Name: _____
First Name: _____	Middle Name: _____
Address: _____	City/Town: _____
Province: _____	Postal Code: _____
Tel. No. (Day) _____	Tel. No. (Evening) _____
Detailed description of requested records. _____ _____ _____ _____ _____ _____ _____ _____	
Signature _____	Date _____
<b>Note:</b> 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.	

Personal information contained on this form is collected pursuant to the Municipal *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Co-ordinator, Town of Kapuskasing, 705-337-4254.