



Access/Correction Request Freedom of Information and Protection of Privacy

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Name of Institution request made to: CITY OF CAMBRIDGE
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If request is for access to, or correction of, own personal information records:

Last name appearing on records: same as below **OR**

Details:			
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Last Name:	First Name:	Middle Name:	Mr.	Mrs.
			Ms	Miss

Address (Street/Apt. No./P.O. Box No./R.R. No.)	City or Town	Province
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Postal Code	Telephone Number (s)	Area Code			Area Code	
	Day			Evening		

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 include your date of birth and 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 <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature	Day	Month	Year
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REQUEST NUMBER

EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY A \$5.00 APPLICATION FEE. CHEQUE OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CITY OF CAMBRIDGE

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation 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 Coordinator for the City of Cambridge who can be reached through the Clerk's Division of the Corporate Services Department.