



Access/Correction Request

Freedom of Information and Protection of Privacy

A \$5.00 application fee is required for ALL requests made under the
Municipal Freedom of Information and Protection of Privacy Act.
 Cheque or money orders should be made payable to the City of Cambridge.

| | |
|--|--|
| Request for: <input type="checkbox"/> General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information | Name of Institution request made to: <h1 style="margin: 0;">CITY OF CAMBRIDGE</h1> |
|--|--|

If request is for **access to** or **correction of** your own personal information records please indicate last name appearing on records Same as below, or: _____

| | |
|-------------------|--------------------|
| Last Name: | First Name: |
|-------------------|--------------------|

Mailing Address: _____

| | | |
|---------------------|------------------|---------------------|
| City / Town: | Province: | Postal Code: |
|---------------------|------------------|---------------------|

Phone Numbers: (Day): _____ (Mobile): _____

Email Address: _____

** Please note that the use email addresses will only be used as a communication tool.
 Records packages will ONLY be available via Regular Mail or for Pick Up.

Please provide a **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, if known). (Please use the back of this form if additional space is required).

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: | <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy | Signature: | Date: |
|------------------------------------|--|-------------------|--------------|

For Institution Use Only:

| | |
|-----------------------|------------------------|
| Date Received: | Request Number: |
|-----------------------|------------------------|

Personal information contained on this form is collected pursuant to Municipal 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 City Clerk's Office of the Corporate Services Department @ 519-740-4680.

Additional Space if required.

For Institution Use Only:

Date Received:

Request Number: