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.

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<th>Request for:</th>
<th>Name of Institution request made to:</th>
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<tr>
<td>General Records</td>
<td>CITY OF CAMBRIDGE</td>
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<tr>
<td>Access to Own Personal Information</td>
<td></td>
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<tr>
<td>Correction to Own Personal Information</td>
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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 of personal contact information will only be used as a communication tool related to this request. 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: □ Examine Original □ Receive Copy

Signature: ___________________________ Date: ___________________________

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.

For Institution Use Only:

Date Received: ___________________________ Request Number: ___________________________ Response Date: ___________________________