THE CORPORATION OF THE
MUNICIPALITY OF WAWA

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1990

There is a fee of $5.00 to file an access request.

Request for:	**Name of Institution request made to:**
☐ Access to General Records ☐ Access to Own Personal Information ☐ 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 ➤

Details

Last Name	**First Name**	**Middle Name**	☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Miss**

Address (Street/Apt. No./Box No./R.R. No.)

Postal Code	**Telephone No.**
	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 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	Signature	Date
❒ Examine Original ❒ Receive Copy		/ / (dd) (mm) (yy)

FOR OFFICE USE ONLY

Date Received	Request Number	Comments
/ / (dd) (mm) (yy)		

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection 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 and Privacy Coordinator at the institution where the request is made.

Form revised June 5, 2008:lm