Access/Correction Request Form

Municipal Freedom of Information and Protection of Privacy Act

Name of Institution request made to:

Corporation of the City of Brockville

Request for:	**Submit to:**
☐ **Access to General Records**	**City Clerk** **Brockville City Hall** **1 King Street West** **P.O. Box 5000** **Brockville, ON K6V 7A5**
☐ **Access to Own Personal Information**	
☐ **Correction of Own Personal Information**	***INCLUDE $5.00 APPLICATION FEE***

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:

Address (Street/Apt. No./P.O. Box No./R.R. No.) City or Town Province

Postal Code	Telephone Number(s)	Area Code		Email address required

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.

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	Day	Month	Year	
☐ Examine Original ☐ Receive Copy					

Each separate request must be accompanied by the $5.00 Application Fee.
Cheques and Money Orders should be made payable to the City of Brockville.
Please note, additional processing fees may apply.

Personal information contained on this form is collected pursuant to 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 Acting City Clerk at (613) 342-8772 ext. 4431.