

Central Huron Freedom of Information Access/Correction Request Form

This form must be submitted with the \$5.00 application fee.

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* (17(1)(a)(b)(c)) and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Deputy Clerk, Clerk's Department, 23 Albert St, Clinton ON N0M 1L0 at (519) 606-1246. Contact us if you would like to receive any of our material in a different format.

Name of Institution: **THE MUNICIPALITY OF CENTRAL HURON**

Request For: Access To General Records Access To Own Personal Information Correction to 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: _____
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Last Name:	First Name:
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Address: (Street/Apt. No./P.O. Box/R.R. No.)	City/Town:
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Province:	Postal Code:	Telephone Number (Day):	Telephone Number (Evening):
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E-Mail (optional):	Title (optional): Mr. Mrs. Ms. Miss Prefer Not To Say
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Detailed description of requested records, personal information 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.)

Preferred Method Of Access To Records: [] Examine Original [] Receive Copy

Signature:	Date:
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*Please note, debit and credit payments can only be done in person, at Town Hall. Please contact (519) 606-1246 if you have any extenuating circumstances you wish to discuss.

Office Use Only

Received:	Payment [] Cash [] Cheque [] Debit	Comments:
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