



Department of Corporate Services
 1593 Four Mile Creek Road
 P.O. Box 100, Virgil, ON L0S 1T0
 905-468-3266 • Fax: 905-468-2959

www.notl.com

Request Form

Please Note: A \$5.00 application fee is required for all requests.

Request for:

- Access to General Records
- Access to Own Personal Information
- Correction to Own Personal Information

Name of Institution request made to:

- The Corporation of the Town of Niagara-on-the-Lake

I will need the documentation requested to be provided in an alternate format. Please describe the format required (e.g. larger type, etc.): _____.

If request is for access to, or correction of, own personal information records:

- same as below, or: _____

- Mr. Mrs. Ms. Miss

First Name: _____ Address: (Street/Apt/ No./P.O. Box/R.R. No.) _____
 Middle Name: _____
 Last Name: _____ City/Town: _____
 Telephone No. (Day): () _____ Province: _____ Postal Code: _____
 Telephone No. (Evening): () _____ Email: _____

Detailed description of requested records. (If you are requesting access to or correction of your personal information, please identify the 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: Examine Original Receive Copy Signature: _____ Date: _____

For Institution Use Only

Date Received:	Request Number:	Comments
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Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal 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 Freedom of Information and Privacy Coordinator at the institution where the request is made.