

Request Form

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

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to:
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If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: same as below, or: _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name: _____
First Name: _____	Middle Name: _____
Address: (Street/Apt. No./PO. Box/R.R. No.) _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone Number (Day): () _____	Telephone Number (Evening): () _____

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 person 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: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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For Institution Use Only

Date Received:	Request Number:	Comments

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 Co-ordinator at the institution where the request is made.

The following are the fees that shall be charged for the purposes of subsection 57 (1) of the Act for access to a record:

1. For photocopies and computer printouts, 20 cents per page.
2. For records provided on CD-ROMs, \$10 for each CD-ROM.
3. For manually searching a record, \$7.50 for each 15 minutes spent by any person.
4. For preparing a record for disclosure, including severing a part of the record, \$7.50 for each 15 minutes spent by any person.
5. For developing a computer program or other method of producing a record from machine readable record, \$15 for each 15 minutes spent by any person.
6. The costs, including computer costs, that the institution incurs in locating, retrieving, processing and copying the record if those costs are specified in an invoice that the institution has received.

I agree to pay the fees, as presented above, for the services rendered by the Township of Perry on behalf of my Freedom of Information (FOI) Request. I understand that the legislative authority for these fees, including their amounts, is found in Section 57(1) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). I also understand that I will receive a fee bill for the services performed by the Township of Perry on behalf of my FOI request, based on the above fees, and this fee bill shall be non-debatable. I further understand that no information will be released to me until I have paid all fees required by the Township of Perry, rendered on my behalf, for my FOI request.

Applicant's Signature

Witness

Date