



Town of Atikokan Request Form

Municipal Freedom of Information and Protection of Privacy Act
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 of Own Personal Information	Name of Institution request made to: Town of Atikokan 120 Marks Street, Box 1330 Atikokan, ON P0T 1C0 ATTN: Sue Bates, Clerk
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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 _____

Your Contact Information:

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

Detailed description of requested records or personal information to be corrected:

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