



Township of Springwater

Request for Records

Municipal Freedom of Information and Protection of Privacy Act

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 Township of Springwater

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

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

Mr. Mrs. Ms. Miss

Last Name: _____

Address: (Street/Apt. No./P.O. Box/R.R. No.)

Province: _____

Telephone Number (Day): () _____

First Name: _____

Middle Name: _____

City/Town: _____

Postal Code: _____

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 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 also 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 (fees will apply)

Signature: _____

Date: _____

For Institution Use Only

Date Received: _____

Request Number: _____

Comments: _____

Personal information contained on this form is collected pursuant to the 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 who can be reached at 728-4784 Ex. 2026.