



**ACCESS/CORRECTION REQUEST:  
MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Personal Information	Name of Institution request made to:  The Regional Municipality of York
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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

Last name	First Name	Middle Initial	Mr. _____ Mrs. _____ Ms. _____ Miss. _____
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Address (Street/Apt No. P.O. Box No/R.R. No.)	City or Town	Province
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Postal Code	Telephone Number(s)	Day Evening
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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 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 or 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	Comments	Request Number
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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 Coordinator, Regional Clerk's Office, Region of York, 17250 Yonge Street, Newmarket, Ontario L3Y 6Z1 905-830-4444 Ext. 1320