



Please see instructions on page 2 before completing this form

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

A. Type of Request

Request for: <input type="checkbox"/> Access to General Records (non-personal information) <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Access to Other's Personal Information by Authorized Party <input type="checkbox"/> Correction of Personal Information	Name of Institution request made to: <p style="text-align: center;">The Regional Municipality of York Application Fee: \$5.00</p>
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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 _____

B. Requester's Information

Last name	First Name	Middle Initial	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>
Address (Street/Apt No. P.O. Box No/R.R. No.)		City or Town	Province
Postal Code	Telephone Number(s) (include area code & extension) Day: _____ Cell: _____ Evening: _____		

C. Description of Records or Correction Requested

Time Period of the Records (yyyy/mm/dd) From: ____ / ____ / ____ To: ____ / ____ / ____	Method of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy
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D. Payment and Signature

\$5 Application Fee <input type="checkbox"/> Cheque <input type="checkbox"/> Cash (in person only)	Signature	Date (yyyy/mm/dd)
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E. 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, York Region, 17250 Yonge Street, Newmarket, Ontario L3Y 6Z1 905-830-4444 Ext. 1320 (#60719 v2)

Instructions for Completing Access or Correction Request

Informal Access to Records

Many records of public institutions are available to you without making a request under the *Municipal Freedom of Information and Protection of Privacy Act*. Contact the Access and Privacy Coordinator at (905) 830-4444 x1303 to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records).

The Access and Privacy Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney, guardian or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records of Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them. (If you are requesting access to or correction of your personal information, please identify the program or record containing the information, if known.)

Specify the time period for the records as precisely as possible, e.g., from 2008/07/21 to 2009/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with. 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.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

A \$5 application fee is required. Cash payments must be made in person. Make cheques payable to "York Region".

Sign and date the form and mail it or submit it in person to the institution that holds the records.
