Access/Correction Request

Municipal Freedom of Information and Protection of Privacy

Request for:	Name of Institution request made to:
❒ Access to General Records ❒ Access to Own Personal Information ❒ Correction of Own Personal Information	City of Welland 60 East Main Street Welland, ON L3B 3X4

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

Last name appearing on records: ❒ same as below **or** ™

Details:

Last Name:	First Name:	Middle Name:	Mr. ❒ Mrs. ❒ Ms. ❒ Miss ❒

Address (Street/Apt. No./P.O. Box No./R.R. No.)	City or Town	Province

Postal Code	Telephone Number (s)	Area Code		Evening ™	Area Code	

Detailed description of requested records, personal information records or personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please include your date of birth and 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 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	Signature	Date	Day	Month	Year
❒ Examine Original ❒ Receive Copy					

EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE $5.00 APPLICATION FEE. CHEQUE OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CITY OF WELLAND.

Personal information contained on this form is collected pursuant to Municipal Freedom of Information and Protection of Privacy legislation 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 Coordinator at the institution where the request is made.