



ACCESS/CORRECTION REQUEST

Municipal Freedom of Information and Protection of Privacy Act

Application Fee \$5.00. An application fee of \$5.00 must accompany all requests for information and/or correction requests. Please make cheque/money order payable to the **Municipality of West Nipissing Treasurer.** Forward to the Freedom of Information Coordinator, Municipality of West Nipissing, 225 Holditch Street, Suite 101, Sturgeon Falls, Ontario, P2B 1T1.

➤ Please include a copy of signed form of identification with any request for your personal information.

TYPE OF REQUEST :

<input type="checkbox"/>	Access to general records	The Corporation of the Municipality of West Nipissing
<input type="checkbox"/>	Access to own personal information	Identify Department: _____
<input type="checkbox"/>	Correction of own personal information	Other institution: _____

REQUESTER'S INFORMATION :

Last Name:		First Name:		Middle Initial:
Unit/Apt. no.:	Street No.:	Street Name:		P.O. Box:
City/Town:			Province:	Postal Code:
Home Phone No.:		Business/Mobile Phone No.:		

DESCRIPTION OF RECORDS or CORRECTION REQUESTED :

Time period of the records: From: (yyyy/mm/dd) To: (yyyy/mm/dd)		Method of access: <input type="checkbox"/> Receive a Copy or <input type="checkbox"/> Examine Original
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PAYMENT and SIGNATURE :

<input type="checkbox"/> \$5.00 Fee paid by cheque	Signature: _____	Date: (yyyy/mm/dd)
<input type="checkbox"/> \$5.00 Fee paid in cash <i>(in person only)</i>		

***Additional Fees:** Please note processing costs (i.e. photocopying, postage) may apply. See Fee Schedule *(reverse side)*.

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 at 753-2250.

OFFICE USE :	Received by: _____	Date Received: _____	FOI Request No.: _____
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**ACCESS / CORRECTION UNDER
FREEDOM OF INFORMATION REQUEST**

**INDIVIDUAL CONSENT FORM TO DISCLOSE
PERSONAL INFORMATION TO A DESIGNATED THIRD PARTY**

I hereby authorize _____,
to act on my behalf for the purposes of requests for information under the *Municipal Freedom of Information and Protection of Privacy Act*, which may include personal information pertaining to me.

I further authorize the Municipality of West Nipissing to disclose to:

personal information pertaining to me be released through my request dated : _____
(yyyy-mm-dd)

I understand the information may be subject to exemption in accordance with the aforementioned Acts.

This authorization is valid for two (2) years from the date signed below.

Dated at : _____
(City, Town, Municipality,Address)

this _____ day of _____ of _____.
day month year

Print name : _____

Signature

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**SUMMARY OF FEES FOR INFORMATION REQUESTS
UNDER THE *MUNICIPAL FREEDOM OF INFORMATION
AND PROTECTION OF PRIVACY ACT***

An individual making a request for information under the *Municipal Freedom of Information and Protection of Privacy Act* will be required to pay certain fees. The rules regarding the payment and amount of fees are set out in the *Act* and Regulation 823. Processing charges are summarized as follows:

Requests for Personal Information

A request for information about oneself is considered a ***personal information*** request.

The following fees apply to requests for your personal information:

Application Fee	:	\$5.00 - To be paid when you submit your request <i>(Application fee is mandatory)</i>
Photocopying	:	\$0.25 per page
Computer Programming	:	\$15.00 per ¼ hour
CDs / Disks	:	\$10.00 for each disk

Requests for General Information

Requests for information, whether about a person other than yourself or about a government program or activity, are considered ***general information*** requests.

The following fees apply to requests for general information:

Application Fee	:	\$5.00 - To be paid when you submit your request <i>(Application fee is mandatory)</i>
Search Time	:	\$7.50 per ¼ hour required to search
Record Preparation	:	\$7.50 per ¼ hour required to prepare records for release
Photocopying	:	\$0.25 per page
Computer Programming	:	\$15.00 per ¼ hour
CDs / Disks	:	\$10.00 for each disk

You will be notified of all applicable costs associated with your request. For information relating to fees, please contact the Freedom of Information Coordinator at 753-2250.