



Freedom of Information Request Form

under the *Municipal Freedom of Information and Protection of Privacy Act*
Please Note: a \$5.00 fee is required for all requests per R.R.O. 1990, Reg. 823
made payable to the County of Oxford.
Form 8.9A

Request for:

- Access to General Records Access to Own Personal Information Correction of Own Personal Information

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

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

- Mr. Mrs. Ms. Miss

Last Name: _____

First Name: _____

Middle Name: _____

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

City/Town: _____

Province: _____

Postal Code: _____

Telephone Number (Day): _____

Telephone Number (Evening): _____

Please provide a detailed description of the general records or the personal information you are requesting or the personal information to be corrected.

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 at which point you may require that a statement of disagreement be attached to your personal information reflecting any correction that was requested but not made.

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: _____	Request Number: _____	Comments: _____

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* ("the Act") and will be used for the purpose of responding to your request pursuant to Section 19 of the Act. Questions about this collection should be directed to the Legislative Services Co-ordinator at County of Oxford, 21 Reeve St., P.O. Box 1614, Woodstock, ON N4S 7Y3 or at 519-539-9800(ext. 3017) or at legislativeservices@oxfordcounty.ca.