

Access/Correction Request Form

This request form must be submitted with the \$5.00 application fee.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">CORPORATION OF THE CITY OF BRANTFORD</p>		
If request is for access to , or correction of , own personal information records: Last name appearing on records: <input type="checkbox"/> same as below, or: _____			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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): () _____		
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 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:	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
Office use only			
Received: _____	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit / Credit Card	Comments: _____	
Personal information contained on this form is collected pursuant to the <i>Municipal Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Co-ordinator, Records and Office Services, City Clerk's Department, 100 Wellington Square, Brantford, ON N3T 2M3 at (519) 759-4150 ext. 2235.			