



ACCESS REQUEST: MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Request for:

Access to General Records
 Access to Own Personal Information

Access to Own Personal Information Only:

Last name appearing on records same as below _____

Please search for these additional name(s):

Mr. _____ Mrs. _____
Ms. _____ Miss. _____

Last name

First Name

E-mail address (optional)

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

Note: Personal information will not be communicated via e-mail.

City or Town

Province

Postal Code

Telephone Number(s): Day

Evening

Detailed description of requested records or personal information

Note: If you are requesting access to your personal information, please identify the personal information bank or record containing the information, if known.)

Preferred method of access to records:

Examine Original
 Receive Copy

Signature

Date

FOR INSTITUTION USE ONLY

Date Received

Receipt Number

Request Number

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 Access and Privacy Officer, City Clerk's Office, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario, L6A 1T1 905-832-2281 Ext. 8988