Access/Correction Request Form Municipal Freedom of Information and Protection of Privacy Act



Municipal Freedom of Information and Protection of Privacy Act Please Note: A \$5.00 application fee is required for all requests.

Request for:		Name of Ir	Name of Institution request made to:		
Access to General Records			•		
□ Access to Own Personal Information		Greate	Greater Sudbury Police Service		
Correction to Own Personal Information					
Last name appearing on records: Same as below, OR:					
Last Name:		First Name:	First Name:		
Middle Name:		DOB:		Gender	
Address: (Street/Apt. No./P.O. Box/R.R. No.)		City/Town:	City/Town:		
Province:		Postal Code	Postal Code:		
Telephone Number (Day):		Telephone	Telephone Number (Evening):		
Detailed description of requested records, personal information or personal information to be corrected, including dates, times or incident numbers and/or location of incident.					
attach any supporting do of disagreement be attac Preferred method	cumentation. You will be hed to your personal info Mail			rection, and if appropriate, may require that a statement Date:	
of access to records:	□ Pick-up				
	Examine Original				
For Institution Use Only					
Identification Produced:			Date of Birth:		
Payment Received by		Date Received:			
Request Number: Com		ments	nts		
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 Release of Information Coordinator at (705) 675-9171 ext. #6248 or 190 Brady Street, Sudbury, Ontario P3C 1C7.					