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



Please Note: A \$5.00 application fee is required for all requests.

Request for: □ Access to General Records □ Access to Own Personal Information □ Correction to Own Personal Information			Name of Institution request made to: Greater Sudbury Police Service		
Last name appearing on records: Same as below, OR:					
Last Name:		First Name:	First Name:		
Middle Name:		DOB:		□Male □Female	
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.					
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	□Mail	Signature:		Date:	
of access to records:	☐ Pick-up				
☐ Examine Original For Institution Use Only					
Identification Produce		Date of Birth:			
Payment Received by (Initials & Badge No.):			Date Received:		
Request Number: Com		ents			
will be used for the purpose	of responding to your reque		tion should be directed	and Protection of Privacy Act and d to the Release of Information	