

Application for Access/Correction to Records

Municipal Freedom of Information and Protection of Privacy (To be completed only if standard practice prohibits access to requested records)

Request for: Access to General Records Access to Own Personal Information Correction of Own Personal Information					Return completed application, along with \$5.00 processing fee, to: Attn: Manager, Business Administration Clarington Library, Museums and Archives 163 Church St., Bowmanville, ON L1C 1T7 (cheques payable to: Clarington Public Library Board)					
	st is for ac ne appear		r correction of, owr cords:	n personal inf as below	ormation records: or »			·	,	
Details										
Last Nam	ne		First Na	First Name			Middle Name			
Address			City or	City or Town			Province			
Postal Co	ode		Teleph Day	Telephone Day			Evening			
Detailed description of requested records, personal information records or personal information to be corrected. (If requesting access to your own personal information, identify the personal information bank or record containing the personal information.										
Note: If you are requesting a correction of personal information, 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.										
Signature							Date Day Month Year			
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 Library Director, 163 Church Street, Bowmanville, ON L1C 1T7 or by telephone at 905-623-7322 ext 2702.										
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Date Day	Month	Year	Request Number	Comments			Applica	tion Fee	Cheque	