



Stratford Police Service

Access/Correction Request

Freedom of Information and Protection of Privacy Act

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| <input type="checkbox"/> Access to General Records
<input type="checkbox"/> Access to own Personal Information
<input type="checkbox"/> Correction of own Personal Information |
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****PLEASE PRINT FORM**

SURNAME		GIVEN NAMES		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
				<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
If request is for access to , or correction of , own personal information records: Last name appearing on records: <input type="checkbox"/> same as above, or:					
Date of Birth	YY	MM	DD	Phone:	
				Day	Evening
Address:					
Number	Street	Apt/Unit	Municipality	Postal Code	

Please Note: A \$5.00 application fee is required for all requests. Additional processing fees may apply. This Access/Correction Request will be processed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* upon receipt of the \$5.00 application fee.

Detailed description of requested records, personal information or correction of personal information: Please describe incident, where it occurred, when, who was involved, officers attending, incident number, etc.

NOTE: If you are requesting a correction of personal information, please indicate the desired correction and attach any supporting documentation.

The record(s) you request may contain the personal information of another individual other than yourself. Do you wish these individuals to be contacted to try and obtain their consent to disclose their personal information?

- Yes No

If yes, do you consent to the release of your name as REQUESTER to any person who is affected by your request? (You are not required to release your identity under MFIPPA)

- Yes No

Preferred method of access to records: Examine Original <input type="checkbox"/> Receive Copy <input type="checkbox"/>	Signature:	Date: (YY/MM/DD)
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For Internal Use Only

Date Received:	Receipt Number:	Request Number:
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Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1989* and will be used to disclose personal information only to the person or agency so designated by the written consent of the applicant. Questions about this collection should be directed to the attention of the Freedom of Information Coordinator at 17 George St. West, N5A 1A6, 519-271-4141.