

## Application for Access / Correction to Records Municipal Freedom of Information & Protection of Privacy Act

Request for:	Request for:			Return Completed Application to:		
Access to General	Records		City of Markha			
☐ Access to Own Per	sonal Information		Legislative Service 101 Town Centre			
Correction to Own Personal Information			Markham, Ontario L3R 9W3 Tel: (905)477-7000			
If request is for access to, or or Last name appearing on reco		personal informatio same as below	on records:  OR			
Details:						
Mr Mrs Mrs Ms Dr	Miss Last N	Last Name:		First Name:		
Middle Name/Initial:	Compa	Company/Organization (if applicable)				
Address					City or Town	
Province	Postal Code	Code Phone (Day)		Phone (Evening)		
Detailed description of requested records, personal information records or personal information to be corrected  Note: If you are requesting access to, or correction of, your own personal information, please include your date of birth and identify the personal information bank or record containing the personal information if known. Additionally, please note any desired correction, if appropriate, to the records.						
Preferred Method of Access Receive Copy	Signatu	re			Date	
☐ Examine Original						
EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE. CHEQUES SHOULD BE MADE PAYABLE TO THE <u>CITY OF MARKHAM</u>						
used for the purpose of resp & Records Coordinator.					and Protection of Privacy Act and will be to the CITY of Markham Public Services	
FOR CITY USE		De sweet ID.		Annlie	L'a Fac Danabard	
Date Received:		Request ID:		Applic	cation Fee Received  Cash  Cheque	