



Freedom of Information Request Form

Under the 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

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> First Name: Last Name: Middle Name: Phone Number (Day): Phone Number (Eve):	Email Address: Address: City/Town: Province: Postal Code:
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Give a detailed description of requested records or personal information

Preferred method of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature:	Date:
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For office use only		
Date Received:	Request Number:	Comments:
Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Clerk's Office, at the Municipality of West Grey		