

ACCESS/CORRECTION REQUEST

Municipal Freedom of Information and Protection of Privacy



Request For:

- Access To General Records
- Access To Own Personal Information
- Correction of Own Personal Information

Name of Institution Request Made To:

Peterborough Lakefield Community Police Service
500 Water Street, PO Box 2050
Peterborough, Ontario K9J 7Y4
(705) 876-1122

A \$5.00 Application Fee Must Accompany EACH REQUEST

DETAILS

Last Name

First Name

Middle Name

Date of Birth

Address (Street/Apt. No. R.R. No)

City or Town

Province

Postal Code

Telephone No.

Identification Produced

Detailed description of required records, personal information records or personal information to be corrected.

Please read:

The record(s) you have requested may contain the personal information of individuals other than yourself (eg. Victim, accused, witness). Further, to section 21 of MFIPPA, it may be necessary to notify affected individuals before making a decision on access.

Do you wish us to contact these individuals to try and obtain their consent to disclose their information? Yes No

If yes, do you consent to our releasing your identity to the individuals we contact? Yes No

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 of Access To Records

- Examine Original
- Receive Copy

Signature

Date

FOR INSTITUTION USE ONLY

Date Received

Request Number

Comments

Personal information contained on this form is collected pursuant to Municipal Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.