

## Freedom of Information Request Form (Form 8.9A)

under the *Municipal Freedom of Information and Protection of Privacy Act*  
Please Note: a \$5.00 fee is required for all requests per R.R.O. 1990, Reg. 823, made payable to the County of Oxford.

Request for:

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

If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records:     same as below, or \_\_\_\_\_

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss First Name: _____ Address: (Street/Apt. P.O. Box/R.R. No.) _____ Province: _____ Telephone Number (Day): _____	Last Name: _____ Middle Name: _____ City/Town: _____ Postal Code: _____ Telephone Number (Evening): _____
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Please provide a detailed description of the general records or the personal information you are requesting or the personal information to be corrected.

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 at which point you may require that a statement of disagreement be attached to your personal information reflecting any correction that was requested but not made.

Preferred method of access to records:	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
For Institution Use Only			
Date Received: _____	Request Number: _____	Comments: _____	