Access Request Form

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

☐ Correction to own Personal Information

Name of Institution request made to:

Township of Springwater
Clerk's Department
2231 Nursery Road
Minesing ON, L9X 1A8

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

Last name appearing on records: ☐ same as below, or: _____

Last Name	First Name	Middle Initial
Address	City/Town	Postal Code
Telephone Number	Email Address	

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the personal information, if known.)

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will also 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 of Applicant Date

Township Use Only

Date Received:	Request Number:	Comments:

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of 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 Department, Township of Springwater.