

## **FREEDOM OF INFORMATION**

The Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) provides a right of access to information for records in the custody and control of the Municipality. There are certain limitations in order to protect personal and sensitive information.

You can get many of the records online or by calling the municipal office without submitting an FOI form.

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### **How to apply for access to information**

You can apply by filling out a Freedom of Information Application form and paying a \$5.00 fee for each request.

Submit your completed form to the Clerk's Office.

The Clerk has 30 days to respond to Freedom of Information Requests.

Additional fees may apply depending on the request. The Clerk will provide an estimate if the fees will be over \$25.00.

### **Can a Freedom of Information request be refused?**

Yes, a request may be refused access to a record or part of a record in accordance with the Exemptions in MFIPPA.

**See below for the Request Form**



# 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: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to:  <b>Township of Wollaston</b> <b>90 Wollaston Lake Road Box 99</b> <b>Coe Hill, ON K0L 1P0</b>
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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. No./PO Box/RR #) _____ Province: _____ Telephone Number (Day): _____	Last Name: _____ Middle Name: _____ City/Town: _____ Postal Code: _____ Telephone Number (Evening): _____
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Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of you personal information, please identify the personal information bank or record containing the personal information, in known.)

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**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.

<b>Preferred method of access to records:</b> <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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<b>For Institution Use Only</b>		
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 Freedom of Information and Privacy Co-ordinator at the institution where the request is made.

As defined under Regulation 823, Section 5.2: *The fee that shall be charged for the purposes of clause 17 (1) (c) or 37 (1) (c) of the Act shall be \$5.*

Fee Paid \_\_\_\_\_