Request Form

under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all requests.

Request for:			Name of Institution request made to:	
Access to General Records			MUNICIPALITY OF MISSISSIPPI MILLS	
Access to Own Personal Information			3131 OLD PERTH ROAD, PO BOX 400	
Correction to Own Personal Information			ALMONTE, ON K0A 1A0	
If request is for access to , or correction of , own personal information records:				
Last name appearing on records: Same as below, or:				
Mr. Mrs. Ms. Miss			Last Name:	
First Name:			Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R. No.)			City/Town:	
Province: Postal Code:			Email Address:	
Telephone Number (Day): ()			Telephone Number (Evening): ()	
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 person information, if known.)				
Preferred method		Signature:		Date:
For Institution Use Only				
Date Received:	Request Numb	ber:	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 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.