

The personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O.1990, Chapter M.56. The information will be used for the purposes of responding to your request.

Questions about this collection can be directed to the Lauren Cochrane, Records Management Coordinator, 1 Bailey Street, Port Carling, Ontario, POB 1JO, telephone at 705-765-3156 Ext. 273, email at lcochrane@muskokalakes.ca.

This request may be submitted in person, by mail to the Township of Muskoka Lakes at 1 Bailey Street, PO Box 129, Port Carling, Ontario, POB 1JO. You may also email the form to Lauren Cochrane, Records Management Coordinator, lcochrane@muskokalakes.ca

A \$5.00 application fee is required at the time of making your request. Note that your request may be subject to other fees. Fees are payable by cash, debit or cheque.

Signature: _____ **Date Requested:** _____

For Office Use Only

Date Received: _____ **Case No.** _____

Fee Paid by: Cheque **OR Cash** **Amount :** _____