



Under the Municipal Freedom of Information and Protection of Privacy Act

Requestor Category:

- Individual / Public Individual by Agent
 Business Academic / Researcher
 Association / Group Government
 Media Other: _____

Type of Request:

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

Mr. Mrs. Ms. Miss Last Name: _____
First Name: _____ Middle Initial: _____ Address: House No. _____
Unit No. _____ Street Name: _____
City: _____ Province: _____ Postal Code _____
Telephone: _____ Email: _____
Company Name (if applicable): _____

Please provide a detailed description of the information that is being requested:

Multiple horizontal lines for providing a detailed description of the requested information.

Timeframe of Requested Information: From Click or tap to enter a date. To Click or tap to enter a date.

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 Coordinator, Records and Information Management, 1 Bailey Street Port Carling Ontario POB 1JO, telephone at 7057653156 Ext. 213, email at jmarfo@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.

Signature: _____ **Date Requested:** _____

For Office Use Only

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

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