

Under the Municipal Freedom of Information and Protection of Privacy Act

Requestor Category	•	
Individual / Public	□ Individual by Agent	Type of Request:
□ Business	□ Academic/Researcher	Access to General Records
☐ Association / Group	□ Government	Access to Own Personal Information
Media	□ Other:	Correction of Own Personal Information
□Mr. □Mrs. □Ms. □Mis	s Last Name:	<u> </u>
First Name:	Middle Initia	l: Address: House No
City:	Province:	Postal Code
Telephone:		
Email:		
Company Name (if app	olicable):	
ricase provide a detail	ca acsempnon of the inform	ation that is being requested:

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, Icochrane@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 Ca	ısh □ Amount :	