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**Request form**

**Under *the Municipal Freedom of Information and Protection of Privacy Act***

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| **Requestor Category: Type of Request:**[ ] Individual / Public [ ] Individual by Agent  Access to General Records [ ] [ ] Business [ ] Academic / Researcher Access to Own Personal Information [ ]  [ ] Association / Group [ ] GovernmentCorrection of Own Personal Information [ ] [ ] Media Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

[ ] 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:**

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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**