SPALLUMCHEEN TOWNSHIP
Incorporated July 21st 1892

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL
			☐ MISS ☐ MS ☐ MRS. ☐ MR. ☐ OTHER : _____

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE

YOUR CONTACT INFORMATION

DAY PHONE NO.	ALTERNATE PHONE NO.	E-MAIL ADDRESS
( )	( )	

DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.

PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? ☐ YES ☐ NO
(IF SO, PLEASE ATTACH, AS APPROPRIATE:
a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS	YOUR SIGNATURE	DATE SIGNED (YYYY MMM DD)
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY		

FOR PUBLIC BODY USE ONLY

REQUEST NO.	**REQUEST CATEGORY** ☐ ACCESS TO GENERAL INFORMATION ☐ ACCESS TO PERSONAL INFORMATION	
REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF DEPARTMENT RECEIVING REQUEST

- YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING AND THAT ALL REQUIRED INFORMATION IS INCLUDED IN YOUR WRITTEN REQUEST.
- PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE ***FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*** AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.