

# Freedom of Information Access/Correction Request Form

**Instructions:**

Submit this form and the \$5 application fee to the Privacy Office at the address or email below. (See payment options at the bottom of this form.) If you are requesting access or correction to Personal Information, you must also include a copy of government-issued photo identification (for verification of identity).

Note: Additional fees beyond the \$5 application fee may apply to your request. If additional fees apply, you will be notified in writing and have the option to accept the fees, narrow your request to reduce the fees, or withdraw your request.

If you have any questions or need assistance completing this form, please contact us at the email below.

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| <p><b>Request for:</b></p> <ul style="list-style-type: none"> <li>Access to General Records</li> <li>Access to Own Personal Information</li> <li>Correction to Own Personal Information</li> </ul> | <p><b>Attention: Privacy Office</b><br/>                 Grey Bruce Public Health<br/>                 101 17th Street East<br/>                 Owen Sound, ON N4K 0A5<br/>                 Email: <a href="mailto:publichealth@publichealthgreybruce.on.ca">publichealth@publichealthgreybruce.on.ca</a></p> |
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|             |            |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

Address:

|  |           |          |             |
|--|-----------|----------|-------------|
| (Street No./Apt No./P.O. Box/R.R. No.) | City/Town | Province | Postal Code |
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| Telephone (Day): | Email: |
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Provide a detailed description of the requested General Records/Personal Information or Personal Information to be corrected (e.g., type of record/information, dates). For correction requests, specify the desired correction and attach any supporting documentation.

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| <b>Preferred method of access to records:</b> | Electronic<br>Paper<br>Examine Original |
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| <b>Preferred method of payment:</b> | Cash (mailed or dropped off at the front desk in an envelope addressed to the Privacy Officer)<br>Cheque (made payable to Grey Bruce Public Health)<br>Credit Card (if paying by credit card, you will be contacted to arrange payment)<br>E-Transfer (send to <a href="mailto:Finance@publichealthgreybruce.on.ca">Finance@publichealthgreybruce.on.ca</a> ) |
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**For Grey Bruce Public Health Use Only**

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|----------------|---|
| Date Received: | Verification of Identity - Form of ID (Personal Information requests only): |
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*The processing time for Freedom of Information requests is 30 days; however, time extensions may be applied where necessary, in accordance with the Municipal Freedom of Information and Protection of Privacy Act.*