

Request Form

under the *Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act*

Please Note: A \$5.00 application fee is required for all requests.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to: Grey Bruce Health Unit <i>Attn:</i> 101 17th Street East Owen Sound, ON N4K 0A5 <i>Director of Corporate Services</i>
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If request is for access to, or correction of, own personal information records:
 Last name appearing on records: same as below, or: _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Last Name: _____	
First Name: _____		Middle Name: _____	
Address: _____			
(Street No./Apt No./P.O. Box/R.R. No.)	City/Town	Province	Postal Code
Telephone No. (Day): ()		Telephone No. (Evening): ()	

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records:	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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For Institution Use Only		
Date Received: _____	Request No.: _____	Comments: _____

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.