

Dear Requester:

Please complete the attached City of Vaughan Access/Correction Request form. Please call Ray Barber, the City of Vaughan's Municipal Freedom of Information and Protection of Privacy Co-ordinator at (905) 832-8504 extension 6142, if you have any questions concerning the completion of this request form.

A \$5.00 access fee must be paid with each access request. Please make your cheque payable to the City of Vaughan. Please send your completed Access/Correction Request Form and cheque to:

The City of Vaughan
Clerk's Department
2141 Major Mackenzie Drive
Vaughan, Ontario
L6A 1T1

Attention: Ray Barber

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Name of Institution request made to:
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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**

Details:			
Last Name:	First Name:	Middle Name:	
			<input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss

Address (Street/Apt. No./P.O. Box No./R.R. No.)	City or Town	Province
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Postal Code	Telephone Number (s)	Area Code			Area Code	
	Day			Evening		

Detailed description of requested records, personal information records or personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please include your date of birth and identify the personal information bank or record containing the personal 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 	Day 	Month 	Year
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EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE. CHEQUE SHOULD BE MADE PAYABLE TO

THE CITY OF VAUGHAN.

Personal information contained on this form is collected pursuant to 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 Municipal Freedom of Information and Privacy Coordinator at the institution where the request is made.