

Legal Services / Clerk's Department 789 Broadway Street, Box 3000 Wyoming, ON NON 1T0

Toll-free: 1-866-324-6912

Fax: 519-845-0818

Telephone: 519-845-0801

FREEDOM OF INFORMATION REQUEST FORM

Please note, a \$5.00 application fee is required for all requests.

Additional fees may be charged in accordance with the Municipal Freedom of Information and Protection of Privacy Act and/or the Personal Health Information Protection Act.

Request for: ☐ Access to General Records ☐ Access to Own Personal Information ☐ Correction to Own Personal Information	Name of Department request made to:			
Last Name:	First Name:			
Middle Name:	Address:			
City/Town:	Province:			
Postal Code:	Telephone Number:			
Email Address:				
If request is for access to, or correction of, own personal information records:				
Last name appearing on records: □ same as below, or:				



Please provide a detailed description of requested records, personal information or personal information to be corrected.				
Please specify a record date range, if known:				
Date from:			Date to:	
Please Note:				
If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the personal information, if known.				
 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. If you are requesting personal information for yourself or for a third party with consent, you will be required to provide a copy of government-issued identification prior to records disclosure (i.e. driver's license, Ontario photo card, passport, etc.). 				
Preferred method of ☐ Examine Orio		□ Evernine Orie	vinal	
access to records:	1	☐ Examine Original		
		☐ Receive Electronic Copy, by email		
			er Copy, by mail (additional fees apply)	
☐ Receive Electronic Copy, by mail (additional fees apply)				
If paying by cheque, please make the cheque payable to "The Corporation of the County of Lambton". If mailing, please address mail to the attention of the FOI				
Coordinator at Legal Services / Clerk's Department, 789 Broadway Street, Box 3000,				
Wyoming, ON N0N 1T0.				
Date:		Signature:		
'				
To be completed by County staff:				
		uest Number:	Comments:	
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Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* R.S.O. 1990, CHAPTER M.56 and/or the *Personal Health Information Protection Act* R.S.O. 2004 CHAPTER 3, SCHEDULE A and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI Coordinator at 519-845-0809 ext. 5253.