

Request Form

Under the Municipal Freedom of Information and Protection of Privacy Act

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

Request for: Access to General Records Access to Personal Information Correction to Own Personal Information	Name of Institution request made to: Township of Cavan Monaghan			
If request is for access to, or correction of, own p	ersonal information records:			
Last Name appearing on records: same as bel	ow, or:			
Mr. Mrs. Ms. Miss.				
Last Name:				
First Name:				
Middle Name:				
Address: Street/Apt. No./P.O. Box /R.R. #:				
City/Town:				
Province:				
Postal Code:				
Telephone Day: ()	Evening: ()			
Email address:				

formation bank or record c	ontaining the pers	onal information	i, if known).			
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ote: If you are requesting a	correction of new	sonal information	n nlease in	dicate the	desired corr	ection
nd if appropriate, attach an	y supporting docu	mentation. You	will be noti	ified if the	correction is	not
ade and you may require t	hat a statement of	i disagreement b	e attached	to your p	ersonal inforr	nation
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referred Method of access	to records:	Signature:			Date: M/D/Y	
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ate Received. W/D/1	Comments.					
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equestors Identification Ve	rified if applicable	•			Initials	•
equestors Identification Ve	erified if applicable				Initials	•

Personal Information contained on this form is collected pursuant to the 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.