

**THE CORPORATION OF THE TOWNSHIP OF TARBUTT  
MUNICIPAL FREEDOM OF INFORMATION REQUEST FORM**

**Section A Type of Request**

Access to General records (non-personal information)  
 Access to your own personal information  Correction of your own information  
 Access to another's personal information by an authorized party (**Consent is required**)  
You will be required to confirm your identify if seeking access to your own personal information.

**Section B Requester's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street Name \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Section C Description of Records or Correction Requested.**

Please provide a detailed description of requested records or information to be corrected. If you are requesting access to or correction of your own information, please identify the record containing the personal information, if known, and any dates that apply.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If you are requesting a correction of personal information, please indicate the desired correction and 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 request.

Do you prefer to: Examine the Original \_\_\_\_\_ or Receive a Copy \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal information contained on this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at The Township of Tarbutt.

**Please note that statutory fees will apply to fulfilling your request and must be paid prior to the release of information.**

**FOR OFFICE USE ONLY**

Staff initials to accept form: \_\_\_\_\_ Application fee paid by: \_\_\_\_\_

Date Received: \_\_\_\_\_ Staff initials to conduct records search: \_\_\_\_\_

Date search Commenced: \_\_\_\_\_ Date search completed: \_\_\_\_\_

Amount of time spent searching (in 15 minute increments) \_\_\_\_\_

Number of pages copied: \_\_\_\_\_ Other charges: \_\_\_\_\_