



# Access or Correction Request Form

## Municipal Freedom of Information and Protection of Privacy Act and Personal Health Information Protection Act

An non-refundable application fee of \$5.00 must accompany all requests for information and/or correction requests. Please allow up to 30 days for processing requests.

### A. Type of Request

Request for:

- Access to general records (non-personal information)
- Access to own personal information
- Correction of own personal information
- Access to own personal health information
- Correction of own personal health information

**Return completed application with payment to:**

The Corporation of Haldimand County  
 Attn: Deputy Clerk / FOI Coordinator  
 45 Munsee Street North, P.O. Box 400  
 Cayuga, ON N0A 1E0

**Please make cheque or money order payable to Haldimand County.**

Identify County Division (i.e. Building, Engineering, etc.) and/or Health Information Custodian:

### B. Requestor's Information

Last name		First name		Middle initial
Unit/Apt. no.	Street no.	Street name		PO Box
City/Town		Province		Postal Code
Home phone no. (include area code)		Business/Mobile phone no. (include area code)		

If request is for access to, or correction of own personal information records, indicate the last name appearing on the requested records:

Note: if you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation.

### C. Description of Records or Correction Requested

<b>Time period of the records</b>		<b>Method of access</b>	
From (yyyy/mm/dd)	To (yyyy/mm/dd)	<input type="checkbox"/> Receive copy	<input type="checkbox"/> Examine original (on site only)

### D. Payment and Signature

<input type="checkbox"/> \$5 application fee submitted	Signature	Date (yyyy/mm/dd)
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Personal information contained on this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act* and/or the *Personal Health Information Protection Act* and will be used to answer your request. Questions about this collection should be directed to Haldimand County's Municipal Freedom of Information and Privacy Coordinator.

### E. For Institution Use Only:

Date received (yyyy/mm/dd)	Request no.	Comments
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# Instructions for Completing Access or Correction Request

## Informal Access to Records

Many records of public institutions are available to you without making a request under the *Municipal Freedom of Information and Protection of Privacy Act*. Contact Haldimand County's Municipal Freedom of Information and Privacy Coordinator to determine whether you need to make a formal request.

## A. Type of Request

Check the box that indicates what you are requesting (records that do not contain personal information are general records).

The Municipal Freedom of Information and Privacy Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney, guardian or trusteeship order).

## B. Requestor's Information

Please ensure you have entered your name, address and telephone numbers accurately.

## C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form. If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible, e.g. from 2008/07/21 to 2009/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

## D. Payment and Signature / Additional Fees

Cash payments must be made in person. Make cheques payable to Haldimand County.

Persons requesting access to records under the *Municipal Freedom of Information and Protection of Privacy Act* may be required to pay some of the costs incurred by Haldimand County for processing the request as set out in the Act and its regulations. Typical fee charges that may apply to a request are summarized below.

Fee charges for requests:

Search time	\$7.50 per each ¼ hour required to search and retrieve records
Record preparation	\$7.50 per each ¼ hour required to prepare records for release
Photocopying	\$0.20 per page
Computer programming	\$15.00 per each ¼ hour if needed to develop program to retrieve information
Floppy disks	\$10.00 for each disk

Where Haldimand County requires outside services to assist in locating, retrieving, processing or copying paper or electronic records, the costs of these services can be passed on to the requester if the institution receives an invoice.

You will be given a fee estimate if anticipated fees are \$25.00 or more. If the estimate of fees to be paid is \$100.00 or more, you may be required to pay an initial deposit of 50%.