

# Freedom of Information and Correction Request Form

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First Name:

Last Name:

Organization or Company Name:

Address:

City/Town:

Province:

Postal Code:

Telephone:

Email Address:

Preferred method of access to records:

Examine Original

Receive a Copy

I am submitting this request as an Authorized Agent on behalf of someone else?    Yes    No  
If yes, please include a signed authorization letter.

Please elect the type of request you are submitting:

Access to General Records

Access to Own Personal Information

Correction to Own Personal Information

Please provide a detailed description of the requested records or personal information to be corrected.

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.

Personal Information collected on this form is 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 regarding this collection can be directed to the Records and Information Management Coordinator at 905-775-5366 x1117.

Date:

Signature:

**For Office Use Only**

Request Number:

Date Received:

[www.townofbwg.com](http://www.townofbwg.com)

**Town of Bradford West Gwillimbury**

100 Dissette St., Units 7&8, P.O. Box 100, Bradford, Ontario, L3Z 2A7

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Fax: 905-775-0153