

**Request for Information and Records**

**Please Note: A \$5 application fee is required for all requests**

**MFIPPA (Municipal Freedom of Information and Protection of Privacy)**



<b>Request for:</b> <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	<b>Name of Institution request made to:</b> Niagara Region P.O. Box 1042 1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7
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<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
First Name		Telephone (Day)	
Last Name		Telephone (Evening)	
Address		Fax Number	
City / Province		Email address (enter below):	
Postal Code			

I consent to the use of the information provided here for the purpose of contacting me with regards to this request  
 I understand that I can withdraw my consent at any time by notifying Niagara Region

Provide, in as much detail as possible, a description of information and/or records you wish to access. (If you are requesting access to or correction of your personal information, please identify the program or service which originally collected the personal information, if known)


**Note:** If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate attach any supporting documentation. If the correction cannot be made, you may submit a statement of disagreement which will be attached to your personal information.

Please indicate the preferred format in which you wish to receive your requested records:

Paper Copy     Electronic (Secured PDF)     Compact Disc (CD)

<b>Preferred method of access to records:</b> <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature:	Date:
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<b>For Institution Use Only</b>		
Date Received:	Request Number:	Comments