

Please note: A \$5 application fee is required for all requests.
MFIPPA (Municipal Freedom of Information and Protection of Privacy)

Request for:

- Access to general records
- Access to own personal information
- Correction to own personal information

Name of Institution request made to:

Niagara Region
PO box 1042
1815 Sir Isaac Brock Way, Thorold, ON L2V 4T7

First name:

Last name:

Telephone (day):

Telephone (night):

Fax:

Email:

Address:

I consent to the use of the information provided here and 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 collection the 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.

Preferred format in which you wish to receive your requested records:

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

Preferred method of access to records:

- Examine original
- Receive copy

For institution use only:

Date received:

Comments:

Request number:

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 may be directed to the Information and Privacy Advisor, at 905-980-6000 ext.3273 or the Information and Privacy Coordinator at ext. 3468.