

Freedom of Information Request Form (Form 8.9A)

under the *Municipal Freedom of Information and Protection of Privacy Act* Please Note: a \$5.00 fee is required for all requests per R.R.O. 1990, Reg. 823, made payable to the County of Oxford.

Request for:

Access to General Records	□ Access to Own Personal Information	Correction of Own Personal Information
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If request is for access to, or correction of, own personal information records:

Last name appearing on records:

□ Mr. □ Mrs. □ Ms. □ Miss	Last Name:
First Name:	Middle Name:
Address: (Street/Apt. P.O. Box/R.R. No.)	City/Town:
Province:	Postal Code:
Telephone Number (Day):	Telephone Number (Evening):

Please provide a <u>detailed</u> description of the general records or the personal information you are requesting or the 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 at which point you may require that a statement of disagreement be attached to your personal information reflecting any correction that was requested but not made.					
Preferred method of access to records: Examine Receive			Date:		
For Institution Use Only					
Date Received:	Request Number:	Comments:			
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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 for access pursuant to section 19 of the Act. Questions about this collection should be directed to the Legislative Services Coordinator. County of Oxford, 21 Reeve St., P.O. Box 1614, Woodstock, ON N45 7Y3 or at 519-539-9800(ext. 3017) or at <u>clerksoffice@oxfordcounty.ca</u>