



Office of the Regional Clerk
The Regional Municipality of York
17250 Yonge Street
Newmarket ON L3Y 6Z1

**Access to Information or
Correction Request Form**
*Municipal Freedom of Information
and Protection of Privacy Act*

Personal information contained on this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to answer your request.

Questions about this collection should be directed to the Regional Clerk's Office at access.privacy@york.ca

Please see instructions on page 2 before filling out this form

Section A. Type of Request

- ☐ Access to information request
- ☐ Correction of own personal information

Section B. Requester's Information

Last Name			First Name		
Unit Number	Street Number	Street Name			PO Box
City/Town			Province		Postal Code
Telephone Number					
Home		Mobile		Business	ext.
Email Address					

Section C. Description of Records or Correction Requested

Time period of the records	
From (yyyy/mm/dd)	To (yyyy/mm/dd)

Section D. Payment and Signature

Date (yyyy/mm/dd)	\$5.00 Application Fee Method	Signature
	☐ Cheque	
	☐ Cash	

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 the department you believe holds the records to determine whether you need to make a formal request. You may also email access.privacy@york.ca if you are unsure whether a formal request is required.

Section A. Type of Request

York Region is required to verify your identity before giving you access to your own personal information. This may include having to present identification prior to receiving the records.

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).

Section B. Requester's Information

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

Section 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.

Section D. Payment and Signature

A \$5 application fee is required. Please **do not** include any credit card information on this form.

Make cheques payable to "York Region" and address the envelope to:

Attn: Access and Privacy Officer
Office of the Regional Clerk
The Regional Municipality of York
17250 Yonge Street
Newmarket ON
L3Y 6Z1

Sign and date the form and mail it.