Municipal Freedom of Information and Protection of Privacy Act

MFIPPA Request Form

TO BE COMPLETED IN FULL BY REQUESTOR	
Request For: ☐ Access to Personal Information ☐ Access to General Records ☐ Correction of Personal Information	**Directed To:** MFIPPA Coordinator 500 Algonquin Blvd. E. Timmins, ON P4N 1B7

_____

Last Name **First Name** **Middle Name**

_____

Address **City or Town** **Province** **Postal Code**

_____

Telephone Number

Intended Purpose of Information Requested:

Detailed Description of Record(s) Requested:

_____ _____

Signature **Date**

FOR ORGANIZATION USE ONLY		
_____	_____	_____
Date Received	**Received by**	**Signature**

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