



Access/Correction Request

Municipal Freedom of Information and Protection of Privacy

<input type="checkbox"/> Access to General Report <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information		Institution request made to: Gananoque Police Service 340 Herbert Street Gananoque, ON K7G 1R1							
If request is for access to, or correction of, own personal information records: Last name appearing on records: <input type="checkbox"/> Same as below OR ➤									
Requesters Information:									
Last Name		First Name		Middle Name		Date of Birth			
						Day Month Year 			
Address (Street/Apt. No./P.O. Box/ R.R. No.)				City or Town		Province		Postal Code	
Telephone Number				Alternate Telephone Number					
Detailed description of requested records or personal information to be corrected. Please include all dates, addresses, names and occurrence numbers known to you, as well as your reason for your submission. If you are requesting access to, or correction of, your personal information, please identify the personal information bank or record containing the personal information, if known. <i>Please use back of page if more room is necessary.</i>									
PLEASE NOTE: - A \$5.00 application fee along with 2 pieces of identification is required for all requests. Additional processing fees may apply. See fee schedule below. - This Access/Correction request will be processed in accordance with the time lines set out in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Regulations. The time line to respond to your inquiry begins with the receipt of the application fee.									
The record(s) you requested may contain the personal information of individuals other than yourself. Do you wish these individuals be contacted to try and obtain their consent to disclose their information? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you consent to our releasing YOUR identity to the individuals we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (You are not required to release your identity under MFIPPA)									
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 and you may require that a statement of disagreement be attached to your personal information.									
Preferred method of access to records <input type="checkbox"/> Examine Original (On site only) <input type="checkbox"/> Receive copy				Signature				Date	
								Day Month Year 	
Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Municipal Freedom of Information and Privacy Coordinator Carole Steacy at (613) 382-4509.									
For Institution Use Only:									
Date Received			Identification (Two pieces)			\$5.00 fee		Badge Number of Receiver	
Day Month Year 			<input type="checkbox"/> Verified <input type="checkbox"/> Photocopied and Attached			<input type="checkbox"/> Received			
Fee Schedule: Search time at \$7.50 per quarter hour; Records preparation at \$7.50 per quarter hour; and Photocopying at 20 cents per page						Request Number			