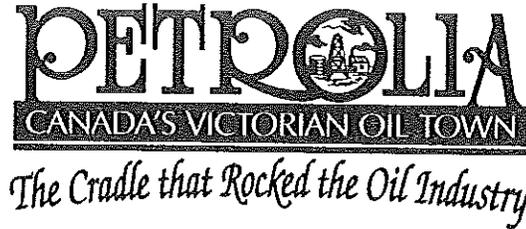


411 Greenfield Street  
P.O. Box 1270  
Petrolia, Ontario  
N0N 1R0



Phone: (519) 882-2350  
Fax: (519) 882-3373  
Theatre Info: 1-800-717-7694  
www.town.petrolia.on.ca

## Request for Information

**Please Note:** A \$5.00 application fee is required for all requests

Name of Department request made to: \_\_\_\_\_

### Request for:

- Access to General Records
- Access to Own Personal Information
- Correction to Own Personal Information

If request is for access to or correction of own personal information records:

Last Name appearing on records:  same as below, or:

\_\_\_\_\_

Mr.     Mrs.     Ms.     Miss Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: (Street No/PO Box/RR#) \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone Number (Day)

( ) \_\_\_\_\_  
Telephone Number (Evening)



Detailed description of requested records, personal information or personal information to be corrected. (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.)

**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:**

- Examine Original Signature: \_\_\_\_\_
- Received Copy Date: \_\_\_\_\_

**For Institution Use Only**

Date Received :                      Request Number:                      Comments:

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 should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.