



Hamilton

City of Hamilton
71 Main Street West, 1st Floor
HAMILTON ON L8P 4Y5

Access/Correction Request
Municipal Freedom of Information
and Protection of Privacy Act
Personal Health Information Protection Act

Application Fee \$5.00 An application fee of \$5.00 must accompany all requests for information and/or correction requests. Please make cheque or money order payable to the City of Hamilton. Forward to the Manager, Records & Freedom of Information, Office of the City Clerk, 71 Main Street West, 1st Floor, Hamilton, Ontario L8P 4Y5

Request for:	City of Hamilton
<input type="checkbox"/> Access to General Records	Identify Department and/or
<input type="checkbox"/> Access to Own Personal Information	Health Information Custodian:
<input type="checkbox"/> Correction of Own Personal Information	
<input type="checkbox"/> Access to Own Personal Health Information	
<input type="checkbox"/> Correction of Own Personal Health Information	

Last Name	First Name	Middle Initial	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.
			<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss

Address (Street/Apt. No./P.O. Box/R.R.#)	City/Town	Province
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Postal Code	Telephone/Area Code Daytime	Telephone Number/Area Code Evening
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If request is for access to, or correction of own personal information records:
Last name appearing on records: ___ same as above or other: _____

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 be require that a statement of disagreement be attached to your personal information.

Detailed description of requested records, personal information records 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 records containing the personal information, if known)

Preferred method of access to records:	Signature:	Date:
<input type="checkbox"/> Examine original		<input type="text"/>
<input type="checkbox"/> Receive copy		Day Month Year

FOR INSTITUTION USE ONLY:		
Date Request Received:	Request Number	Due Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Month Year		Day Month Year

Personal information contained in this form is collected pursuant the *Municipal Freedom of Information and Protection of Privacy Act (s. 17.1)* and/or the *Personal Health Information Protection Act (s. 53)* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Manager, Records & Freedom of Information in the Office of the City Clerk at (905) 546-2424 ext. 2743.