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

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<th>Request for</th>
<th>City of Hamilton</th>
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<tr>
<td>Access to General Records</td>
<td>Identify Department and/or Health Information Custodian:</td>
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<tr>
<td>Access to Own Personal Information</td>
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<tr>
<td>Correction of Own Personal Information</td>
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<td>Access to Own Personal Health Information</td>
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<tr>
<td>Correction of Own Personal Health Information</td>
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Last Name First Name Middle Initial Mr. Mrs. Ms. Miss

Address (Street/Apt. No./P.O. Box/R.R.#) City/Town Province

Postal Code Telephone/Area Code Daytime Telephone Number/Area Code Evening

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 required 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:

Examine original | Date: Day Month Year |
Receive copy |

FOR INSTITUTION USE ONLY:

Date Request Received: Request Number Due Date

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.