

**Type of Request**

- Access to general records  
 Access to own personal information  
 Correction of own personal information

**Name of Institution request made to:**

 Freedom of Information and Protection of Privacy Services  
 Ministry of Community Safety and Correctional Services  
 200 First Avenue West  
 North Bay ON P1B 9M3  
 Tel: 705 494-3080 Fax: 705-494-3081

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

 Last name appearing on records:  same as below **or**
**Requester's Information**

Last Name		First Name		Middle Initial
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code
Day Telephone Number (include area code)			Evening Telephone Number (include area code)	

**Description of Records or Correction Requested**

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 include your date of birth and 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 <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original	Signature	Date (yyyy/mm/dd)
--	-----------	-------------------

**Payment**

**Each separate request must be accompanied by the \$5.00 application fee. Cheque or money orders should be made payable to the Minister of Finance.**

Amount \$	Payment Options				
	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash
Credit Card Number	Expiry Date (mm/yy)		Authorization Number (For Ministry Use Only)		
Last Name		First Name		Middle Initial	
Signature				Date (yyyy/mm/dd)	

Personal information contained on this form is collected pursuant to the *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 Protection of Privacy Coordinator, Ministry of Community Safety and Correctional Services, 200 First Avenue West, North Bay ON P1B 9M3.