

A \$5.00 Application Fee must accompany each request whether for general records or for personal information. Cheques made out to the Municipality of Shuniah.

🗌 Paid

ACCESS / CORRECTION REQUEST

Municipal Freedom of Information and Protection of Privacy Act

CONTACT:	Information/Privacy Coordinator 420 Leslie Avenue,		
	Thunder Bay, ON P7A 1X8		
	Telephone:	(807) 683-4545	
	Fax:	(807) 683-6982	

Request for: Access to General Records Access to Own Personal Information Correction of Own Personal Information		Name of Institution request made to: Corporation of the Municipality of Shuniah		
If request is for access to, or correction of own personal Last name appearing on records:				
Details				
	Name	Middle Name		
	Name		│	
Address (Street/Apt. No/P.O. Box No./R.R. No.)	City or Town		Province	
Postal Code Telephone Number(s	s) Area Code	Area Code Area Code		
Day		Evening		
Note: If you are requesting a correction of personal info	ormation places indicate the desired corre	etion and if appropriate a	ttach any supporting	
documentation. You will be notified if the correction personal information.	ion is not made and you may require that a	a statement of disagreeme	ent by attached to your	
Preferred method of access to records Sign Examine Original Receive Copy	ature	Dat	e Day Month Year	
For Institution Use Only		I	I	
Date Received Day Month Year	Comments			
Personal information contained on this form is collected used for the purposes of responding to your request. Q Municipality of Shuniah.				