

Request Form

Under the Freedom of Information and Protection of Privacy Act /
Municipal Freedom of Information and Protection of Privacy Act
Note: A \$5.00 application fee is required for all requests.

Request for:	То:
□ Access to General Records	County of Northumberland Attention: County Clerk
□ Access to Own Personal	555 Courthouse Road
□ Information Correction to Own Personal Information	Cobourg, Ontario K9A 5J6
If request is for access to, or correction of, own perso	nal information records:
Last name appearing on records: same as below, or:	
Last name appearing on records. — same as below, t	J1
Last Name: First Name:	Middle Name:
Organization/Company Name:	
Address: (Street/Apt. No./P.O. Box/R.R. No.)	
City/Town: Province:	Postal Code:
Talanhana Na	Fox No.
Telephone No	rax No
Email Address:	

The County of Northumberland strives to provide information in a format accessible to all people. Complete a request form available at all service counters and online at northumberlandcounty.ca/accessibility or contact the Compliance Coordinator at (905) 372-3329 ext. 2343 or 1 (800) 354-7051 to request an alternative format.



<u>Detailed</u> 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 □ Receive Copy Date:		
Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/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 Coordinator at the institution where the request is made.		
For Institution Lles Only		
For Institution Use Only Date Received: File Number: Comments		