

Request for:	Name of Institution request made to:
<ul> <li>Access to General Records</li> <li>Access to Own Personal Information</li> <li>Correction to Own Personal Information</li> </ul>	The Corporation of the Township of Nipissing 45 Beatty Street Nipissing ON POH 1W0

□Dr. □ Miss	□Mr.	□Mrs.	□Ms.		
First Name				Telephone (Day)	
Last Name				Telephone (Evening)	
Address				Fax Number	
City/Province				Email address (enter below):	
Postal Code					

□ I consent to the use of the information provided here for the purpose of contacting me with regards to this request. □ I understand that I can withdraw my consent at any time by notifying the Township of Nipissing.

Provide, in as much detail as possible, a description of information and/or records you wish to access. (If you are requesting access to or correction of your personal information, please identify the department which originally collected 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. If the correction cannot be made, you may submit a statement of				
disagreement which will be attached to your information.				
Preferred method   Examine Original	Signature:	Date:		
of access to records:				

For Institution Use Only		
Date Received:	Request Number:	Comments

Personal Information contained on this form is collected pursuant to the 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 may be directed to the Freedom of Information/Privacy Coordinator, at 705-724-2144.