



Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	
If request is for access to or correction of own personal information records: Last name appearing on records: <input type="checkbox"/> Same as below OR:	
<b>Details</b>	
Last Name:	First Name:
Middle Name:	Mr.    Mrs.    Ms.    Miss
Address:	Town:
Province:	Postal Code:
Phone:	Cell:
Detailed 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 attach any supporting documentation. You will be notified if the correction is not made and you require that a statement of disagreement be attached to your personal information.	
Preferred method of access to records:	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy
Signature:	Date:
<b>For Township Use Only</b>	
Date Received:	Request No.:
Comments:	
\$5.00 Application Fee Received :	