|  |  |
| --- | --- |
|  | **FOI ACCESS REQUEST FORM****Freedom of Information & Protection of Privacy****Note: All access requests must be accompanied by a $5.00 application fee**CASH CHEQUE (Payable to Erie Shores HealthCare ) |
|  |  |
| **REQUESTER INFORMATION:** |  |
| LAST NAME FIRST NAME MIDDLE NAME | Mr.Mrs.Ms.Miss |
| ADDRESS(NUMBER) STREET CITY or TOWN PROVINCE | POSTAL CODE |
| E-MAIL ADDRESS | AREA | TELEPHONE (DAYS) | AREA | TELEPHONE (NIGHTS) |
|  |  |  |  |  |
|  |
| Please provide record number from the Inventory Data Base (if applicable):Report or record(s):Date or date range:Description: |

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE OF REQUESTER | DATEYear | Month | Day |
|  |  |  |  |
|  |

|  |
| --- |
| **FOR INSTITUTION USE ONLY** |
| DATE REC’DYear | Month | Day | RECEIVED BY |
|  |  |  |  |
| REQUEST NUMBER | COMMENTS |
| **Request for:** | ACCESS TO GENERAL RECORDSACCESS TO OWN PERSONAL INFORMATIONCORRECTION OF OWN PERSONAL INFORMATION |

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 Privacy Coordinator at the institution where the request is made.