

ACCESS/CORRECTION REQUEST

**Please forward your request and the \$5.00 application to:
The City of Clarence-Rockland, Clerk's Office, 1560 Laurier Street, Rockland, ON, K4K 1P7**

Request for access to general records access to own personal information correction of own personal information	Name of institution request made to: The City of Clarence-Rockland 1560 Laurier Street Rockland, ON K4K 1P7	
Last name First name		
Address (street/apt no. /P.O. Box / R.R.No.) City Province		
Postal code Telephone (home) (cell)		
Email		
Detailed description of requested records, personal information records or correction of personal information. (If request is for correction of personal information, please indicate the desired correction and attach any supporting documentation.)		
<p>Please note that there is a \$0.20 fee/copy except plans which may cost \$6.00/copy. In addition, a fee of \$7.50 for each 15 minutes will be charged for research/preparation time.</p>		
Preferred method of access to records Examine records Receive copy	Signature	Date

For municipal use only		
Request number	Date received	Comments

Personal information contained on this form is collected pursuant to Freedom of Information and Privacy legislation 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.