



Request Form - Under the Municipal Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all requests.

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	Request made to: Lakelands Public Health Jackson Square, 185 King Street Peterborough, ON K9J 2R8
---	--

If request is for access to, or correction of, own personal information records: Last name appearing on records: same as below, or:

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Last Name:
------------------------------	-------------------------------	------------------------------	-------------------------------	------------

First Name:	Middle Name:
-------------	--------------

Address: (Street/Apt. No./PO Box/RR #)	City/Town:
--	------------

Province:	Postal Code:
-----------	--------------

Telephone Number (Day):	Telephone Number (Evening):
-------------------------	-----------------------------

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 if appropriate, attach any supporting documentation. You will be notified if the correction is not made. You may 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:
--	------------	-------

For Institution Use Only

Date Received:	Request Number:	Received By:
----------------	-----------------	--------------

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 should be directed to the Freedom of Information and Privacy Co-ordinator, Lakelands Public Health.

<input type="checkbox"/> Review of Fees (initial):	Fee Schedule (over)
--	---------------------

Municipal Freedom of Information and Protection of Privacy Act

SCHEDULE OF FEES

Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990. c.M.56 as amended and Regulation 823 as amended to O.Reg 93/07 stipulates the following fee schedule:

Fees	
Application Fee (Payable at time of submission of application)	\$5.00
Photocopies and computer printouts	\$0.20 per page
CD-ROMs	\$10.00 for each CD-ROM
Manually searching a record (for each 15 minutes spent by any person)	\$7.50
Preparation of record for disclosure (for each 15 minutes spent by any person including severing a part of the record)	\$7.50
Developing a computer program or other method of producing a record from a machine readable record (for each 15 minutes spent by any person)	\$15.00
The costs, including computer costs that the institution incurs in locating, retrieving, processing and copying the record if those costs are specified in an invoice that the institution has received.	

If an estimate of an amount payable under the Act is \$100.00 or more, Lakelands Public Health may require a deposit of 50% of the estimate before taking any further steps to respond to the request.

Appealing a Decision

Appeal of access to general information	\$25.00
Appeal of access to personal information	\$10.00
Request for correction of personal information	\$10.00