Access/Correction Request
Municipal Freedom of Information and Protection of Privacy

Request for:		Name of Institution: **Cobourg Police Service**	
❑ Access to General Record ❑ Access to Own Personnel Information ❑ Correction of Own Personal Information		A $5.00 Application Fee must accompany each request. Additional fees may apply. You will be notified prior to any additional charges being incurred.	
LAST NAME:	FIRST NAME	MIDDLE NAME	DATE OF BIRTH: YYYY/MM/DD
ADDRESS		CITY OR TOWN	PROVINCE
POSTAL CODE		CONTACT PHONE NUMBER:	OTHER CONTACT NUMBER:

PLEASE READ: The record(s) you have requested may contain the personal information of individuals other than yourself (e.g. victim, accused, witness) Further to section 21 of MFIPPA, it may be necessary to notify affected individuals before making a decision on access.

Do you wish us to contact these individual to try and obtain their consent to disclose their information? ❑ Yes ❑ No

If yes, do you consent to our releasing YOUR identity to the individual we contact? ❑ Yes ❑ No

Carefully explain in detail what record(s) you are requesting access to (names of individuals involved, dates, times, location, incident numbers, officer's name & badge number). Please be as specific as you can. If you require assistance please ask.

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Preferred method of access to records: ❑ Examine Copy ❑ Receive Copy	Signature:	Date:

❑Copy of Identification Attached and Fee received by:

Request and Fee Received by (please print name):

..... Date: .....

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY LEGISLATION AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.
QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE FOI COORDINATOR.