



ESSA TOWNSHIP MUNICIPAL FREEDOM OF INFORMATION REQUEST FORM

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			
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:			
<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./P.O. Box/R.R. No.)	City/Town:	Province:	Postal Code:
Daytime Phone: ()		Evening Phone: ()	
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 and 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 Township Use Only			
Date Received:	Request Number:		Comments:
Personal information contained on this form is collected pursuant to the <i>Municipal Freedom of Information and Protection of Privacy Act/Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Municipal Freedom of Information and Privacy Coordinator at the institution where the request is made.			