



Request for Access to Information

Under the *Freedom of Information and Protection of Privacy Act*

Type of request	\$5 application fee paid by
<input type="checkbox"/> Access to own personal information	<input type="checkbox"/> Cheque
<input type="checkbox"/> Access to other's personal information by authorized party	<input type="checkbox"/> Cash
<input type="checkbox"/> Access to general records (non-personal information)	

Information about the requestor		
Full name (first, middle, and last)		
Street address (or postal box number)		Daytime phone number
City and province	Postal code	Evening phone number

Description of records or personal information being requested (please be as specific as possible)

Signature	Date

The personal health information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act*, 1990 and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Coordinator by calling 705-674-2846, ext. 1040.

For Office Use Only	
Date request received (yyyy/mm/dd)	Request number