



City of Hamilton
 71 Main Street West, 1st
 Floor HAMILTON ON
 L8P 4Y5

Access/Correction Request
Municipal Freedom of Information
and Protection of Privacy Act
Personal Health Information
Protection Act

Application Fee \$5.00 An application fee of \$5.00 must accompany all requests for information and/or correction requests. Please make cheque or money order payable to the City of Hamilton. Forward to the Manager, Records & Freedom of Information, Office of the City Clerk, 71 Main Street West, 1st Floor, Hamilton, Ontario L8P 4Y5

Section A. Type of Request

Access to General Records (non-personal information) Access to own personal information Access to other's personal information by authorized party Correction of own personal information Access/Correction to own personal health information	City of Hamilton Identify Department and/or Health Information Custodian (if known):
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Section B. Requester's Information

Last Name		First Name	
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number			
Home	Mobile	Business	ext
Email Address			

Section C. Description of Records of Correction Requested

Time period of the records: From (dd/mm/yyyy) To (dd/mm/yyyy)	Method of access Receive copy Examine original (on site only)
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FOR INSTITUTION USE ONLY:		
Date Request Received (dd/mm/yyyy):	Request Number	Due Date (dd/mm/yyyy)
<small>Personal information contained in this form is collected pursuant the <i>Municipal Freedom of Information and Protection of Privacy Act (s. 17.1)</i> and/or the <i>Personal Health Information Protection Act (s. 53)</i> and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Manager, Records & Freedom of Information in the Office of the City Clerk at (905) 546-2424 ext. 2743.</small>		