



Appendix C-16-B Request Form

Mail to: 1815 Sir Isaac Brock Way
PO Box 344, Thorold, ON
L2V 3Z3

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, ex. large amount of information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to: <input type="checkbox"/> Niagara Regional Housing
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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 First Name: _____ Middle Name: _____ Last Name: _____ Telephone Number (Day): () _____ Telephone Number (Evening): () _____	Address: (Street / Apt. No .P.O Box / R.R. No.) _____ City/Town: _____ Province: _____ Postal Code: _____
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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: _____
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<i>For Institution Use Only</i>		
Date Received: _____	Request Number: _____	Comments _____

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act will be used for the purpose of responding to your request. Questions about this collection should be directed to the Executive Assistant to the CEO at 905 682 9201 ext 3930.