



# Freedom of Information Request

PO Box 81067, 838 Mineral Springs Rd, Ancaster, ON L9G 4X1  
Tel: 905-525-2181, Fax: 905-648-4622, Web: [www.conservationhamilton.ca](http://www.conservationhamilton.ca)

Please Note: A \$5.00 application fee is required for all requests.

<b>Request for:</b>  Access to General Records Access to Own Personal Information Correction to Own Personal Information	Name of Institution & Contact requesting Information:  Address:  Postal Code:  Phone:  Fax:
<b>If request is for access to, or correction of, own personal information records:</b>  Last name appearing on records:    same as below or:	
Mr.    Mrs.    Ms.	
First Name:	Last Name:
Address:	Middle Name:
Province:	City/Town:
Telephone (Day):	Postal Code:
Detailed description of requested records, personal information or personal information to be corrected. If property/ area request specific lot description, municipality, water course, environmental concerns...etc. (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).	

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**Note:** If you requisition 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.

**Fees:** In accordance with Section 45 (1) of the Municipal Freedom of Information and Protection of Privacy Act fees for information/ access to a record(s) will be invoiced in the amounts prescribed by the regulation for:

- a) \$30.00 for every hour of manual search required to locate a record and the costs of preparing the record for disclosure; including computer and other costs incurred in locating, retrieving, and processing;
- b) \$0.20 per photocopy
- c) Shipping costs; and
- d) Any other costs incurred in responding to a request for access to a record.

<b>Preferred method of access to records:</b>	Examine Original Receive Copy	Signature:	Date:
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For HCA Use Only:		
Date Received:	Request No.	FOI Coordinator Review Date/ 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 will be used for the purpose of responding to your request. Questions about this collection should be directed to Jaime Tellier, Executive Assistant / Records Management Coordinator in charge of Information. 905-525-2181 extension 112, fax 905-648-4622.