



Freedom of Information Access / Correction Request Form

Please submit form with the \$5.00 application fee to Legislative Services Department, Town of Newmarket, 395 Mulock Drive, PO Box 328, STN Main, Newmarket, ON, L3Y 4X7.

Last Name

First Name

Organization or Group

Address

City / Town

Province

Postal Code

Telephone Number

e-mail address

Preferred method of access to records

examine original

receive copy

Please provide a detailed description of the requested records, or personal information to be corrected:

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.

Date

Signature

For Institution Use Only

Request Number

Date Received

Application Fee

Received

Personal information contained on this form is collected according to the 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 the Records and Projects Coordinator at 905-953-5300 ext. 2213.