



# Guelph Police Service

## ACCESS/CORRECTION REQUEST

*Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*

**Please Note:**

- A \$5.00 request fee is required for all requests. Additional processing fees may apply.
- This Access/Correction Request will be processed in accordance with the timelines set out in MFIPPA upon receipt of the \$5.00 request fee.

**Please PRINT**

**I am applying for:**

Access to general records

Access to my own personal information

Correction to my own personal information

The record(s) you request may contain personal information of individuals other than yourself. Such personal information can only be released with the consent of those individuals.

1. Can the GPS contact these individuals to ask for consent to release their personal information?  Yes  No
2. If **Yes**, do you consent to the GPS releasing **YOUR** identity to the individuals we contact?  Yes  No  
(You are not required to release your identity under MFIPPA)

If this request is for **access to**, or **correction of**, own personal records:  
The last name appearing on the records is  same as below or  \_\_\_\_\_

<b>Name</b>	Surname			First Name			Middle Name		
<b>Date of Birth</b>	YY	MM	DD	Contact Telephone Number			Can a message be left at this number?		
							<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mailing Address</b>	Number/Unit			Street			City		
							Province		
						Postal Code			

Provide a detailed description of the record(s) you are requesting, including: dates, type of incident, location, incident number, and names of individuals involved.  
If requesting a correction in personal information, please indicate the desired correction and attach any supporting documentation.

<b>Preferred Method of access to records:</b>	<b>Requestor's Signature:</b>	<b>Date (YY/MM/DD)</b>
<input type="checkbox"/> Examine Original (on-site only)		
<input type="checkbox"/> Receive Copy		

**For Institution Use Only**

<input type="checkbox"/> \$5.00 Request Fee Received by:	Date Received (YY/MM/DD)	Receipt Number	FOI Request Number
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*Personal information contained on this form is collected pursuant to s.17 of MFIPPA and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI Analyst at (519) 824-1212 ext. 7270. Please visit our Website at [www.guelphpolice.ca](http://www.guelphpolice.ca)*