Freedom of Information Access/Correction Request Form

Instructions:		
the bottom of this form.)		vacy Office at the address or email below. (See payment options at or correction to Personal Information, you must also include a copy ation of identity).
		nay apply to your request. If additional fees apply, you will be ses, narrow your request to reduce the fees, or withdraw your request.
If you have any question	ns or need assistance completing	ng this form, please contact us at the email below.
Request for:		Attention: Privacy Office
Access to General Records		Grey Bruce Public Health
Access to Own Personal Information		101 17th Street East
Correction to Own Personal Information		Owen Sound, ON N4K 0A5
		Email: publichealth@publichealthgreybruce.on.ca
First Name:		Last Name:
Address:		
(Street No./Apt No./P.O. Box/R.R. No.)		City/Town Province Postal Code
Telephone (Day):		Email:
	ecord/information, dates). For	al Records/Personal Information or Personal Information to be correction requests, specify the desired correction and attach any
Preferred method of	Electronic	
access to records:	Paper	
	Examine Original	
Preferred method of	Cash	
payment:	Cheque (made payable to C	Grey Bruce Public Health)
	Credit Card*	
	*If paying by credit card, you	will be contacted to arrange payment.
For Grey Bruce Public I	Health Use Only	

The processing time for Freedom of Information requests is 30 days; however, time extensions may be applied where necessary, in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

Date Received:

Verfification of Identity - Form of ID (Personal Information requests only):