CORNWALL COMMUNITY POLICE SERVICE
Access/Correction Request

Municipal Freedom of Information and Protection of Privacy Act

Request for:	Name of Institution request made to:
☐ Access to General Records ☐ Access to Own Personal Information ☐ Correction of Own Personal Information	Cornwall Community Police Service

If request is for access to, or correction of own personal information records:
Last name appearing on records: ☐ same as below or _____

DETAILS

Last name:	First Name:	Gender ☐ Male ☐ Female
Maiden Name and /or Previous Names Used:		Date of Birth:
Address: (Streeet/Apt. No./P.O. Box No. / RR No)	City or Town:	Province:

Postal Code	Telephone Number (s):	Cell Phone Number (s):

A detailed description of the information you are requesting is required under the Act. Please provide as much detail as possible in order to facilitate your request.

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.

Signature:	Date: dd/mm/yyy

EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE $5.00 APPLICATION FEE.
CHEQUE OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CORNWALL COMMUNITY POLICE SERVICE
IF YOU ARE MAILING THE REQUEST PLEASE INCLUDE PHOTOCOPY OF IDENTIFICATION FOR VERIFICATION OF IDENTITY

Personal information contained on this form is collected pursuant to 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 Freedom of Information and Privacy Coordinator.
For more information call us at 613-933-5000 ext 2401 or email us at records@cornwallpolice.com