



CORNWALL POLICE SERVICE

Access/Correction Request



Municipal Freedom of Information and Protection of Privacy Act

<p>Request For:</p> <p><input type="checkbox"/> Access to General Records</p> <p><input type="checkbox"/> Access to My Own Personal Information</p> <p><input type="checkbox"/> Correction of My Own Personal Information</p>	<p>Name of Institution request made to:</p> <p>Cornwall Police Service 340 Pitt Street, P.O. Box 875 Cornwall, ON K6H 5T7</p>
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DETAILS

Last Name:	First Name:	Maiden Name or Other Previous Names Used:	
Date of Birth:	Gender:	Name Appearing on Records:	
Address (Street/Apt. No., P.O. Box No., R.R. No.):	City/Town:	Province:	Postal Code:
Home Telephone Number:	Cell Phone Number:	E-Mail Address:	

Provide a detailed description of the requested records, personal information or personal information to be corrected. Please provide as much detail as possible in order to facilitate your request.

I am requesting access to my personal information only. As I am not requesting access to any other person's information, **I understand that information pertaining to other individuals will be removed from the records.**

Requester's Signature:

- OR -

If these records contain the information of other individuals or other third party information, I am requesting the Cornwall Police Service contact these individuals for the purposes of obtaining consent to release their personal information and/or statements or third party information to me. **I understand that you may be required disclose my identity as the requestor.**

Requester's Signature:

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.

Requester's Signature:	Date: (dd/mm/yyyy)
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EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE.

CHEQUE OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CORNWALL 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 Supervisor at the institute where the request is made. For more information, call 613-933-5000 ext 2401 or email records@cornwallpolice.com.