



# CORNWALL POLICE SERVICE

## Access / Correction Request Form

*Municipal Freedom of Information and Protection of Privacy Act*

**Request For:**

- Access to General Records** (ie: information about another person, statistics)
- Access to My Own Personal Information**
- Correction of My Own Personal Information**

**Name of Institution Request Made To:**

**Cornwall Police Service  
340 Pitt Street, PO Box 875  
Cornwall, ON K6H 5T7**

Last Name:		First Name:	Maiden or Other Previous Names Used:	
Date of Birth	Gender:	Name Appearing On Records:		
Address (Street, Apt., PO Box, RR No.)		City/Town:	Province:	Postal Code:
Home Phone 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.**

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.

Please carefully read the following statements and **select ONLY ONE** option:

**A**  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.**

**OR**

**B**  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.**

_____ Requestor's Signature	_____ Date (YYYY-MM-DD)
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**Please note:** All requests require photo identification to verify requestor's identity.  
Each request must be accompanied by the \$5.00 application fee.  
Please make cheques or money orders payable to *Cornwall Police Service*.

*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.*