



Access/Correction Request

Municipal Freedom of Information and Protection of Privacy

A \$5.00 application fee payable to the Township of Oro-Medonte must accompany all requests. The processing of this request will not begin until this fee has been received. It is the responsibility of the requestor to ensure this form, along with the application fee is mailed/delivered to: Freedom of Information Coordinator, Township of Oro Medonte, 148 Line 7 South, Oro Medonte, ON L0L 2E0.

Please send me a PayPal Invoice for \$5.00 Please find enclosed, a cheque for \$5.00 Debit (office only)

Please advise how you wish to receive the information:

Email the information to me. I am able to receive the information through DropBox Please supply a USB stick with all documentation. I would like a copy of all documents

Please identify the specific record(s) requested or provide sufficient detail to enable an employee to identify the record(s) using the space provided. If you require more space, please use a second page.

Click or tap below to enter text.

Name: _____
Phone: _____
Signature: _____
Date: ____/____/____ Click or tap to enter a date.

FOR STAFF USE ONLY

Payment Received ____/____/____
Request Number: _____

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of responding to your request. Questions about this collection should be directed to the Township of Oro-Medonte Clerks office.