



## Nottawasaga Valley

Conservation Authority

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# Freedom of Information Request

**Note: A \$5.00 application fee is required for all requests.**

<b>Request for:</b>	<b>Contact Details of Person/Organization Requesting Information</b>
<input type="checkbox"/> Access to General Records	Organization Name: _____
<input type="checkbox"/> Access to Own Personal Information	Contact Name: _____
<input type="checkbox"/> Correction to Own Personal Information	Mailing Address: _____ _____
	Phone: _____ Fax: _____
	Email: _____

If request is for **access to, or correction of, own personal information records:**

Mr.  Mrs.  Ms.  Miss Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Last name appearing on records:  same as above, or: \_\_\_\_\_

**Detailed description of requested records (specify time frame), personal information or personal information to be corrected. See notes, next page, to ensure you have provided all necessary information.**

Detailed description notes:

- a) For property/area requests, specify lot description, municipality, water course, environmental concerns, etc.
- b) For access to or correction of your personal information, identify the personal information bank or record containing the personal information, if known.
- c) For corrections of personal information, indicate the desired correction and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

**Fees:** The following additional fees may apply as per Section 45(1) of the *Municipal Freedom of Information and Protection of Privacy Act*:

- a) Manually searching for a record: \$30 per hour
- b) Preparing a record for disclosure: \$30 per hour
- c) Photocopying: 20¢ per page
- d) Shipping costs
- e) Other charges associated with locating, retrieving, processing or copying records

**Preferred method of access to records:** [  ] Examine Original [  ] Receive Copy

**Signature:**

**Date:**

**For NVCA Use Only**

**Date Received:**

**Request Number:**

**FOI Coordinator Review Date/Comments:**