



Municipal Freedom of Information and
Protection of Privacy Act

Application Form

Application Fee: An application fee of **\$5.00** must accompany all requests for information and/or correction requests. Please make cheque/money orders payable to the Township of Adjala-Tosorontio. Forward requests to the Office of the Clerk at 7855 Sideroad 30, Alliston, Ontario, L9R 1V1

REQUESTER CONTACT INFORMATION (to be completed by Requester)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.	First Name	Last Name	
Company Name			
Address (Street/Apt. No./ P.O. Box No./R.R. No.)		City or Town	Province Postal Code
Day Telephone Number	Fax Number	E-mail Address	
If request is for "access to" or "correction of" own personal information records, indicate if the last name appearing on records is same as above <input type="checkbox"/> or:			

<u>DETAILED DESCRIPTION OF RECORDS WANTED</u>

METHOD OF ACCESS <input type="checkbox"/> Examine original <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine original & receive copy	Date	Signature	
FOR INSTITUTIONAL USE ONLY			
Date Request Received	Date Fee Received	Receipt #	Request #