

Request Form



Under the Municipal Freedom of Information and Protection of Privacy Act

Request for:			Name of Institution request made to:		
☐ Access to General Records		Ottowa Camana	011 0 11 1		
☐ Access to Own Personal Information			Ottawa Community Housing 39 Auriga Drive		
☐ Correction to Own Personal Information	n		Ottawa, ON K2E 7Y8		
L		onava, or re			
If the request is for access to, or correction of, own personal information records:					
Last name appearing on records: ☐ same as below, or:					
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss		Last Name:			
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First Name:		Middle Name:			
Address: (Street/Apt. No./P.O. Box/R.R.	No.)				
7 (daress. (daress/14): 110:// .d. Box/14.14. 1	10.)	City/Town:			
Province:		Postal Code:			
Telephone Number (Day): ()					
		Telephone Number (Evening): ()			
requesting access to or correction of your personal information, please identify the personal information bank or record containing the personal information, if known.) 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 and you may require that a statement of disagreement be attached to your personal information.					
Preferred method ☐ Examine Original		Signature:		Date:	
of access to records: ☐ Receive Copy					
· · · · · · · · · · · · · · · · · · ·					
For Institution Use Only Date Received:			Comm	ments	
24.0 1.0001704.	1.5 40001.10.11.201.				
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 purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at Ottawa Community Housing.					

