



ACCESS / CORRECTION REQUEST

Municipal Freedom of Information
and Protection of Privacy Act

THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

CONTACT: Chief Privacy Officer
231 May Street South
Thunder Bay, ON P7E 1B5
(807) 766-2111 ext 4209
Fax: (807) 345-6146

A *\$5.00 Application Fee must accompany each request whether for general records or for personal information. Please make cheque or money order payable to The District of Thunder Bay Social Services Administration Board and **include a copy of a signed form of identification with your request for your own personal information.** *Note processing costs (i.e. photocopying, postage) may apply.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information		Name of Institution request made to: The District of Thunder Bay Social Services Administration Board (TBDSSAB)	
If request is for access to, or correction of your own personal information records: Last name appearing on records: <input type="checkbox"/> same as below OR:			
Details:			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Address (Street/Apt. No./P.O. Box No./R.R. No.)		City or Town	Province
Postal Code	Telephone Number(s) - Include Area Code Day:	Evening:	
Detailed description of requested records or personal information to be corrected. Check Program Area if Applicable: <input type="checkbox"/> Ontario Works <input type="checkbox"/> Housing Services <input type="checkbox"/> Child Care			
Note: When requesting a correction to personal information, please indicate the correction required and attach supporting document(s). If the correction is not made, you will be notified in writing as to why. If you disagree you may request a statement of disagreement be attached to your personal information.			
Preferred method of access to records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy <input type="checkbox"/> Mail <input type="checkbox"/> Pickup		Signature	Date: Day/Month/Year
For Institution Use Only <input type="checkbox"/> Payment Rec'd <input type="checkbox"/> Copy of Identification attached			
Date Received: Day/Month/Year	Request Number	Comments	
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 Chief Privacy Officer TBDSSAB – contact as above.			