



Freedom of Information (FOI) Request

(Accessible formats available upon request)

- Access to General Records
- Access to Own Personal Information
- Correction of Own Personal Information

Applicant Contact Information:

Name: _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Detailed description of requested records, personal information records or personal information to be corrected. Include additional sheets, if required.

Preferred method of access to records: Paper Electronic

Signature: _____ Date: _____

Completed form must be submitted with \$5.00 (payable to Norfolk County) to:
Deputy Clerk, Manager of Legislative and Information Services, 519-426-5870 x 1261
County Administration Building, 50 Colborne Street S, Simcoe, ON N3Y 4H3

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Deputy Clerk, 519-426-5870 x 1261, 50 Colborne Street South, Simcoe ON N3Y 4H3.

For Office Use Only:

Request Number: _____ Date: _____