



**ANDRÉ REYMER**  
CHIEF OF POLICE

*"Working with the Community"*

**ACCESS / CORRECTION REQUEST UNDER THE MUNICIPAL FREEDOM OF INFORMATION  
AND PROTECTION OF PRIVACY ACT. (M.F.I.P.A.)**

- |  |
|--|
| <input type="checkbox"/> Access to General Records<br><input type="checkbox"/> Access to own Personal Information<br><input type="checkbox"/> Correction of own Personal Information |
|--|

SURNAME		GIVEN NAMES			
IF REQUEST IS FOR ACCESS TO, OR CORRECTION OF, OWN PERSONAL INFORMATION RECORDS:					
LAST NAME APPEARING ON RECORDS		<input type="checkbox"/> SAME AS ABOVE OR →			
DATE OF BIRTH (YY/MM/DD)	SEX	PHONE HOME	PHONE WORK		
NUMBER	STREET	APT/UNIT	MUNICIPALITY	PROVINCE	POSTAL CODE

Detailed description of requested records, personal information to be corrected.(if you are requesting access to or correction of, your personal information, please identify the personal information bank or record containing the data , if known). *Attach separate sheets as required*

Where the record you request included the personal information of another person, and where it appears that the release of the information may be an justified invasion of that individual's privacy, the institution must notify that person. This process allows the person(s) an opportunity to respond to express any concerns which he / she may have regarding the release of their information to you the requester.

**Do you consent to the release of your name as REQUESTER to any person who is affected by your request?.**

- YES                       NO

Note: If you rare 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.

- Examine Original                       Receive Copy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YY/MM/DD)

**POLICE USE ONLY**

FOIA request # \_\_\_\_\_ COMMENTS \_\_\_\_\_

Receive date (YY/MM/DD) \_\_\_\_\_

Personal information on this form is collected under the authority of the M.F.I.P.P.A. R.S.O 1990 and will be used to disclose personal information only to the person or agency so designated by the written consent of the applicant. Questions should be directed to the to the attention of the attention of the Chief of Police at the address and phone numbers listed below.

Tel.: 519-773-3144  
Fax: 519-765-1580  
www.aylmerpolice.com

Address all Correspondence to the Chief of Police  
20 Beech Street East  
Aylmer, Ontario N5H 3H6

