FOI REQUEST FORM
RECORD ACCESS OR CORRECTION

under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection of Privacy Act

PLEASE NOTE THERE IS A MANDATORY $5.00 APPLICATION FEE FOR ALL REQUESTS.
Please ensure to include payment (as a cheque) herein and/or a copy of your receipt if payment was made on-site.

SECTION A: TYPE OF REQUEST

- ☐ Access to a Record(s) of a general nature (i.e., does not contain personal information to my knowledge)
- ☐ Access to a Record(s) that contains my own personal information
- ☐ Access to a Record(s) that contains another's personal information (submitted by an authorized party)
- ☐ Request to correct my own personal information contained in a Record (s)
- ☐ Other: _____

SECTION B: REQUESTOR'S INFORMATION

Who is submitting this Request:

☐ Individual	☐ Academic/Researcher
☐ Agent for an Individual	☐ Association/Group
☐ Government	☐ Media
☐ Business	☐ Other:

If you are a police services or involved in an investigation, please use the Law Enforcement Request Form.

Name _____

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone # _____

Email _____

SECTION C: TYPE OF RECORDS

Data Range _____

Access
- ☐ Examine the original (complete on-site)
- ☐ Receive a copy (if select, complete Section D)

Record type
- ☐ Case Notes   ☐ Reports
- ☐ Emails   ☐ Other:

Description

[blank box]

Detailed description of the requested Record(s) or the personal information to be corrected. 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.

SECTION D: RELEASE PREFERENCE

If my request is approved in full or part, my preference is to received the Record(s) as follows:

☐   I will pick-up my copy of the Record(s) – *Please bring valid photo ID*

☐   I would like my copy of the Record(s) mailed to the address above

☐   I would like my copy of the Record(s) mailed to the following address: _____

☐   I would like my copy of the Record(s) emailed to the above address.   _____

☐   I would like my copy of the Record(s) email to the following address: _____

☐   I would like my copy of the Record(s) faxed to: _____

SECTION E: METHOD OF PAYMENT

☐   Cheque (please include with this form)

☐   Cash/Debit (please attached receipt to this form)

SECTION F: SIGNATURE

By signing below, I certify that the information above is true and complete to the best of my knowledge. I also acknowledge understand that if my request is approved in full or part, the information is confidential and that there shall be no further disclosure without the written authorization of the District of Nipissing Social Services Administration Board.

_____   _____

Signature of Requestor   Date

SECTION G: THIS SECTION TO BE COMPLETED BY THE PRIVACY HEAD OR DESIGNATE

Date of Decision:		Date of Disclosure:
Method of Disclosure:		NDA Signed:
Record(s) Disclosed:		
Exemptions Applied:		Section #
Exclusions Applied:		Section #
Request Processed By:		Position:

_____   _____

Signature of Privacy Head   Date

INSTRUCTIONS FOR FOI REQUEST FORM

Informal Access to Records

Many records of public institutions are available to you without making a request under the Act. Contact the Risk Management Specialist or Communications and Executive Coordinator for more information.

Section A: Type of Request

Check the box that indicates what you are requesting. Records that do not contain your personal information are general records.

If you are requesting records with another person's personal information, you must provide proof that you have the authority to act for them (power of attorney, guardian, trustee, attorney) or provide their consent in writing (authorization and direction/consent form). If not, Section 14 will be applied, and that information will not be available to you.

You may select multiple types, however, please be specific in Section D on which type applies to the applicable portion of your request.

Section B: Requester's Information

Please ensure that you have entered your name, address, telephone number and email address accurately.

Section C: Type f Record

Specify the date range (time period) for the records as precisely as possible i.e. 2020/01/01 to 2020/12/31

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. If you are requesting personal information records, provide the name that should appear on them.

You must be seeking information and records, not an opinion or recommendation by DNSSAB; you may contact a designated professional for this type of service.

Section D: Release Preference

Please selected your preferred method of how you would like to receive the record(s).

Section E. Method of Payment

The **$5.00** application fee is legislatively required. Please do not include any credit card information on this form. Cash payments must be made in person. At this time we are unable to accept online payment. Make cheques payable to "*The District of Nipissing Social Services Administration Board*"

Please identify which method you will be using to remit payment. Please note that electronically submitted requests are not commenced until the application fee is received by DNSSAB.

Section F. Signature

Please ensure that you sign and date the document. You will be asked for a form of identification if you are seeking personal information or making a request for correction of your own personal information.

SUMMARY OF FEES

The payment of fees is set out in the Municipal Freedom of Information and Protection of Privacy Act and its regulations.

PERSONAL INFORMATION REQUESTS

A request for information about oneself is considered a "personal information request". The following fees apply to requests for your own personal information:

MANDATORY FEE	
Application Fee:	$5.00 - to be paid when you submit your request *Note: the application fee is mandatory (law) and not subject to waiver*

ADDITIONAL FEES	
Photocopying:	$0.20 / page (8 ½ x 11, 11 ½ x 14)
Plotter Photocopies	(18 x 24) $4.15/print + HST (24 x 36) $8.50/print + HST (36 x 48) $17.00/print + HST (42 x 60) $35.00/print + HST
Computer Programming	$15.00 per ¼ hour if needed to develop program to retrieve information
Disks/CD's/DVD	$10.00 for each disk/CD/DVD $10.00 +HST for each device

GENERAL INFORMATION REQUESTS

Requests for information, whether about a person other than yourself or about a government program or activity are considered general information requests. The following fees apply to requests for general information

MANDATORY FEE	
Application Fee:	$5.00 - to be paid when you submit your request Note: the application fee is mandatory (law) and not subject to waiver

ADDITIONAL FEES	
Search Time	$7.50 per ¼ hour required to search and retrieve records
Record Preparation	$7.50 per ¼ hour required to prepare records for release or $0.20 / page (i.e. severing – redacting)
Photocopying:	$0.20 / page (8 ½ x 11, 11 ½ x 14)
Plotter Photocopies	(18 x 24) $4.15/print + HST (24 x 36) $8.50/print + HST (36 x 48) $17.00/print + HST (42 x 60) $35.00/print + HST
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