



## Freedom of Information (FOI) Request

(Accessible formats available upon request)

	□ Access to General Records □ Access to Own Personal Information					
	Correction of Own Personal Informa	ation				
Applicant Contact Information:						
Nam	ne:					
Add	ress:					
Tow	'n:	Province: _	F	Postal Code:		
Pho	ne Number:	Email:				
	ailed description of requested record				sonal	
Pref	erred method of access to records:		Paper	□ Electro	onic	
Sign	nature:	Da	ate:			
Completed form must be submitted with \$5.00 (payable to Town of Tillsonburg) to: Clerk's Office, 519-688-3009 Corporate Office, 10 Lisgar Avenue, Tillsonburg, ON, N4G 5A5						
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 Clerk's Office.						
	Office Use Only: uest Number:	Date:				