

Municipal Freedom of Information & Protection of Privacy Act (MFIPPA) MFIPPA REQUEST FORM

Part A – Requester Information (To be completed in full by Requester)									
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Last Name		First Name		Middle Name			
Address				City or Town		Province		Postal Code	
Daytime Telephone Number		If request is for access to, or correction of personal information records, indicate if: <input type="checkbox"/> last name appearing on records is same as above; or <input type="checkbox"/> Other (specify) _____				Forward Request to: Information Specialist Toronto Community Housing Corporation 931 Yonge Street, 6th Floor Toronto, Ontario M4W 2H2			
Evening Telephone Number									
E-Mail Address									
Request for:									
<input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information									
<input type="checkbox"/> \$5.00 Application Fee attached <i>The application fee of \$5.00 must accompany all requests. Please make cheque or money order payable to Toronto Community Housing Corporation.</i>					<input type="checkbox"/> Government issued Photo Identification attached <i>Please include a copy of a government issued photo identification if the request is for your personal information. Examples are: Drivers' License, Ontario Photo Card, Citizenship Card, first photo page of Passport</i>				
Please note that there may be processing charges associated with your request, including a \$0.20 per page photocopying fee									
Detailed description of requested records. Add extra pages if necessary. (If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation)									
<u>Date of Record</u>		<u>Description of Requested Record</u>							
Preferred method of access to records				Signature of Requester				Date of Signature	
<input type="checkbox"/> Examine original		<input type="checkbox"/> Receive copy							

Part B: For Office Use Only									
Date of Request Received			Date of \$5.00 Application Fee Received			FOI Number:		Comments:	
Day	Month	Year	Day	Month	Year				
Received By:			Received By:						
Name (Department)			Name (Department)						
Personal information contained on this form is collected under s. 28(2) of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , and will be used to respond to your request. Questions about this collection should be directed to: Information Specialist, Toronto Community Housing Corporation, 931 Yonge Street, 6th Floor Toronto, Ontario M4W 2H2, Telephone: (416) 981-4231									