



FREEDOM OF INFORMATION REQUEST FORM

REQUESTER'S INFORMATION (please print clearly):

Last Name		First Name	Middle Initial
Unit Number	Street Number	Street Name	
City/Town		Province	Postal Code
Telephone Number () - ext.		Email	

REQUEST FOR:

<input type="checkbox"/> Access to General Records/Information	<input type="checkbox"/> Access to Own Personal Information	<input type="checkbox"/> Correction of Own Personal Information
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If you are requesting access to General Records/Information, please provide a detailed description of your request and include any additional information which would assist us with fulfilling your request. Please use a secondary page if necessary.

If you are requesting access to your Own Personal Information, please include proof of identification. No information will be released without proper identification.

If you are requesting a Correction of Own Personal Information, please outline the desired correction, and attach any supporting documentation. Also, include proof of identification. No correction can be made without confirming the proper identity of the requester.

REQUESTER'S SIGNATURE:

DATE (mm-dd-yr):

PLEASE MAIL THIS FORM TO:

Ornge
Attention: Freedom of Information Office
5310 Explorer Drive,
Mississauga ON L4W 5H8

A \$5.00 application fee is required for each request. Please include a cheque payable to "Ornge".

Personal Information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. By submitting this form you are consenting to receive correspondence from Ornge via the contact information given. Any questions about this should be directed to the Information and Privacy Office at 647.428.2005.