ST. JOSEPH'S CARE GROUP

**FOI ACCESS REQUEST FORM**
**Freedom of Information and Protection of Privacy Act (FIPPA)**

**Please complete the following information:**

| Request for: | Please note: A $5.00 non-refundable application fee is required for all requests. |
|---|---|
| ☐ Access to General Records<br>☐ Access to Own Personal Information | ☐ $5.00 fee paid |

If request is for access to own personal information records:
Last name appearing on records: same as below or ►

**Details:**

| Last Name | First Name | Middle Name | ☑ Mr. ☐ Mrs.<br>☐ Ms. ☐ Miss |
|---|---|---|---|

Address:
Street/ Apt No./ P.O Box NO./ RR NO. :

City or Town: Province:

| Postal Code | Telephone Number(s): (1) Home/Cell: | (2) Work Number: |
|---|---|---|
| | | |

Detailed description of requested records or personal information records. (If you are requesting access to your personal information, please identify the personal information bank or records containing the personal information, if known.)

| Preferred method of Access to Records | Signature: | Date: |
|---|---|---|
| ☐ Examine Original<br>☐ Receive Copy | | Day/ Month/ Year |

**FOR ST. JOSEPH'S CARE GROUP USE ONLY**

| Date Received | Request Number | Comments |
|---|---|---|
| Day/ Month/ Year | | |

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Coordinator, 580 Algoma St. N., Thunder Bay, Ontario, P7B 5G4, Phone: (807) 346-5238, E-mail: foi-sjcg@tbh.net