

## 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	
☐ Access to General Records		requests.	
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. □ 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 Acce	ess to Signature:		Date:
Records			
Examine Original			Day/ Month/ Year
Receive Copy			
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, 35 Algoma St. N., Thunder Bay, Ontario, P7B 5G7, Phone: (807) 343-2454.