

Access to Information / Freedom of Information (FOI) Request Form

Part 1: Basic Information

Request for:

- Access to general records (non-personal information)
- Access to own personal information
- Access to other's personal information by authorized party
- Correction of own personal information

Part 2: Requestor Information

Name:

Last name:

First name:

Middle initial:

Address:

Unit number:

Street number:

Street name:

City/town:

Province:

Postal code:

Telephone number:

Email Address:

Part 3: Detailed Description of Records or Correction Request

Detailed description of requested records, personal information or personal information to be corrected. If you are requesting access to or correction of someone else's personal information, please provide or attach supporting documentation to authorize you to do so.

Description:

Time period of the records:

From (yyyy/mm/dd):

To (yyyy/mm/dd):

Method of access:

- Receive a copy
- Examine records on site

Note: If you want a correction of personal information, please describe the correction you want and attach any supporting documents you may have. You will be told if the correction is not made and you may attach a statement of disagreement to your personal information.

Part 4: Payment & Signatures

Payment: \$5 application fee

- Cheque payable to Minister of Finance

Signature: _____

Date (yyyy/mm/dd):

Part 5: Additional Information

Personal information contained in this form is collected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purpose of responding to your request.

The completed form and payment can be mailed to:

Privacy Officer
Trillium Gift of Life Network
483 Bay St.
South Tower, 4th Floor
Toronto, ON M5G 2C9
Telephone: 416.343.4001

For Internal Use Only:

Date received:

FOI #: