

# TOWNSHIP OF SCUGOG

## FOI REQUEST FORM

REQUEST NUMBER	DATE RECEIVED	APPLICATION FEE RECEIVED (\$5.00) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>REQUESTER INFORMATION</b>			
<input type="checkbox"/> MEDIA <input type="checkbox"/> RESEARCHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER		<input type="checkbox"/> ACCESS TO GENERAL RECORDS <input type="checkbox"/> ACCESS TO OWN PERSONAL INFORMATION <input type="checkbox"/> CORRECTION OF OWN PERSONAL INFORMATION	
LAST NAME	FIRST NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	
ADDRESS		CITY/TOWN	PROV.
POSTAL CODE	BUSINESS NUMBER	HOME NUMBER	
DESCRIPTION OF REQUESTED RECORDS			
SIGNATURE OF REQUESTER		DATE	
DEPARTMENT RESPONSIBLE FOR INFORMATION:		DATE DEPARTMENT HEAD NOTIFIED OF REQUEST:	
<b>FEE/DEPOSIT INFORMATION</b>			
REPRODUCTION <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> OTHER		FEES <input type="checkbox"/> APPLICABLE <input type="checkbox"/> NON-APPLICABLE <input type="checkbox"/> DEPOSIT REQUIRED	
BREAKDOWN OF FEES	ESTIMATED AMOUNT	DEPOSIT/FEE INFORMATION	AMOUNT
REPRODUCTION FEE		TOTAL FEE PAID (WHERE NO DEPOSIT REQUIRED)	
SHIPPING FEE		DEPOSIT REQUIRED	
FEE FOR SEARCH TIME		BALANCE PAID	
OTHER		INFORMATION RELEASED TO REQUESTER <input type="checkbox"/> PICKED UP <input type="checkbox"/> SHIPPED	
TOTAL FEE			

