

Request Form

Request for: <input checked="" type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to: Regional Municipality of Waterloo
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If request is for access to, or correction of, own personal information records: Last name appearing on records: <input type="checkbox"/> same as below, or:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Councillor	Last Name: Vieth
First Name: Angela	Middle Name: M.
Address: (Street/Apt. No./P.O. Box/R.R. No.) 528 Twin Oaks Cres.	City/Town: Waterloo
Province: Ontario	Postal Code: N2L 4R8 E-mail: ja.vieth@sympatico.ca avieth@city.waterloo.on.ca
Telephone Number (Day): 519-886-5435 519- 807-2111 City cel.	Telephone Number (Evening): 519-886-5435 519- 807-2111 City cel.

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

Pursuant to the Freedom of Information and Protection of Privacy Act / Municipal Freedom of Information and Protection of Privacy Act, I hereby request to examine any and all records of communications, events and other files leading up to and pertaining to the matter of the 2009 "repair and maintenance of fluoride systems for water supplies in the City of Waterloo" brought to light in the Memorandum File No. P04-80 dated November 17, 2009 from/issued by Dr. Liana Nolan. Thank you.

Note: If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records:	<input checked="" type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy make own copies	Signature:	Date: Hand Delivered Nov. 17, 2009
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For Institution Use Only			
Date Received:	Request Number:	Comments:	

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.
