Application



Freedom of Information Access Request

Use this form to: Request City information

Request personal information or personal health information

Correct personal information or personal health information							
Description of Information Requested							
Which City office			What are the dates of the information you are requesting				
information you ar	ı know it:				y-mm-dd):		
		From To					
Contact Information							
□ Mr. □ Ms. First Name Last Name							
☐ Mrs. ☐ Mis	•	Lastivame					
Street Number Street Name				Suite/Unit Number			
City/Town Prov			Province Postal Code		Postal Code		
Oity/ TOWIT	Trovince		i ostar oode				
Telephone Numbe	Alternate Number		Email				
Signature			Date (yyyy-mm-dd)				
Signature				Date (yyyy-mm-dd)			
Before sending your request, ensure you have:							
Provided a detailed description of the information or records you are requesting							
☐ Included the \$5 application fee (cash, cheque or money order), payable to: City of Toronto							
If requesting personal information or personal health information, include a photocopy of a signed, government-issued identification (i.e. Driver's Licence or Passport)							
☐ If correcting personal information or personal health information, indicate the desired correction							
and attach supporting documentation							
Mail request to: Access and Privacy Unit, City Hall, 13 th Floor, West Tower, 100 Queen Street West, Toronto, Ontario, M5H 2N2.							
For further information about information requests, please visit www.toronto.ca/foi or call 416-392-9684.							
Office Use Only							
Date Received	Request Number	Type of Request					
(yyyy-mm-dd)			☐ MFIPPA ☐ PHIPA ☐ Both				
			 Access to General Records Access to Personal Information/Personal Health Information 				
		□ Corre	ection to P	ersonal Info	rmation/Personal	Health Information	
City Clerk's Office collects personal information on this form under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, Chapter M.56 and/or the Personal Health							

City Clerk's Office collects personal information on this form under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, Chapter M.56 and/or the Personal Health Information Protection Act, S.O. 2004, Chapter 3, Schedule A. The information will be used for the purpose of responding to your request. Questions about this collection can be directed to the Manager, Access and Privacy Unit, City Hall,13th Floor, West Tower, 100 Queen Street West, Toronto, Ontario M5H 2N2 or by telephone at 416-392-9684.

Freedom of Information Access Request SUMMARY OF FEES

A: For Information Requests under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

The payment and amount of fees are set out in the Act and its regulations. Permitted fees are:

Fees for Requests for Personal Information

A request for information about oneself is considered a "personal information request". The following fees apply to requests for your own personal information:

Application Fee: \$5.00 - To be paid when you submit your request;

Application Fee is mandatory and not subject to waiver

* Photocopying: \$0.20 for each page (Requester's copy only)

Computer Programming: \$15.00 per 1/4 hour if needed to develop program to

retrieve information;

Diskettes, CD's or USB's: \$10.00 for each diskette, CD or USB key.

Fees for Requests for General Information

Requests for information, whether about a person other than yourself or about a government program or activity are considered "general information requests". The following fees apply to requests for general information:

Application Fee: \$5.00 - To be paid when you submit your request;

Application Fee is mandatory and not subject to waiver

Search Time: \$7.50 per ½ hour required to search and retrieve records;

Record Preparation (i.e. severing): \$7.50 per ¼ hour required to prepare records for release;

* Photocopying: \$0.20 for each page (Requester's copy only)

Computer Programming: \$15.00 per ¼ hour if needed to develop program to

retrieve information;

Diskettes, CD's or USB's: \$10.00 for each diskette, CD or USB key.

B: For Information Requests under the Personal Health Information Protection Act (PHIPA)

Same fees are applicable as for requests for personal information under MFIPPA.

Note: The time for processing access requests is 30 days. A time extension, however, may be applied where necessary.

^{*} Please note that the individual will be provided the option of viewing originals on site. Select photocopying fees may apply.