Waterloo PUBLIC LIBRARY

Access to Information Request Form

Municipal Freedom of Information and Protection of Privacy Act

Request for:

☐ Access to General Records
☐ Access to Own Personal Information
☐ Access to Other's Personal Information by Authorized Agent
☐ Correction to Own Personal Information

Please Note: A $5.00 application fee is required for all requests.

This form must be signed before being submitted in person, by mail or via electronic submission.

Name of Institution request made to:
Waterloo Public Library - ATTN: CEO
35 Albert St, Waterloo ON N2L 5E2
Email: kkipfer@wpl.ca

Last Name or Single Name _____

First Name _____

Unit No. _____ Street Number _____ Street Name _____ PO Box _____

City/Town _____ Province _____ Postal Code _____

Email Address:

Description of Records Requested:

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.

Time Period of Records: _____ to _____
Preferred method of access to records: ☐ Examine Original ☐ Receive Copy

Signature of Applicant:_____ Date:_____

(Internal Use) Date Received:	*(Internal Use) Request #*	*(Internal Use) Comments:*

Personal information contained on this form is collected pursuant to the 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 CEO, Waterloo Public Library, 35 Albert St, Waterloo ON, N2L 5E2.