

Municipal Freedom of Information & Protection of Privacy Act (MFIPPA)
MFIPPA Request Form

Part A – Requester Information (To be completed in full by Requester)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Last Name	First Name	Middle Name
Address		City or Town	Province	Postal Code
Daytime Telephone Number	If request is for access to, or correction of personal information records, indicate if: <input type="checkbox"/> last name appearing on records is same as above; or <input type="checkbox"/> Other (specify)		Forward Request to: Board Secretary Toronto Seniors Housing Corporation 423 Yonge Street, 2nd Floor Toronto, Ontario M5B 1T2	
Evening Telephone Number				
E-Mail Address				

Request for:
 Access to General Records **Access to Own Personal Information**
 Correction to Own Personal Information

<input type="checkbox"/> \$5.00 Application Fee attached <i>The application fee of \$5.00 must accompany all requests. Please make cheque or money order payable to Toronto Seniors Housing Corporation.</i>	<input type="checkbox"/> Government issued Photo Identification attached <i>Please include a copy of a government issued photo identification if the request is for your personal information. Examples are: Drivers' License, Ontario Photo Card, Citizenship Card, first photo page of Passport</i>
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Please note that there may be processing charges associated with your request, including a \$0.20 per page photocopying fee

Detailed description of requested records. Add extra pages if necessary. (If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation)

Date of Record	Description of Requested Record		
Preferred method of access to records <input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy	Signature of Requester		Date of Signature Day Month Year

Part B: For Office Use Only							
Date of Request Received			Date of \$5.00 Application Fee Received			FOI Number:	Comments:
Day	Month	Year	Day	Month	Year		
Received By: Name			Received By: Name				

Personal information contained on this form is collected under s. 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act*, and will be used to respond to your request. Questions about this collection should be directed to: Board Secretary, Toronto Seniors Housing Corporation, 423 Yonge Street, 2nd Floor Toronto, Ontario M5B 1T2, acesstoinfo@torontoseniorshousing.ca