

Submit Completed and signed request to:

Clerk's Office/FOI Coordinator Municipality of Chatham-Kent 315 King St W. PO Box 640 Chatham, ON N7M 5K8 Email: ckfoi@chatham-kent.ca Telephone: (519)360-1998 Municipal Freedom of Information and Protection of Privacy (MFIPPA)

Request Form

Please note a \$5.00 application fee is required for all requests.

Request For:		If request is for access to, or correction of own personal information records:	
Access to General Records			
Access to Own Personal Information		Last Name appearing on records:	
Correction of Own Personal Information			
Last Name:	First Name:	Middle:	
Address:	City	Province	Postal Code
Telephone #:	Business #:	Email:	
containing the personal informatis not made and you may requi		ached supporting documenta nent be attached to your pers	
Preferred method of access	to records:		
Examine Original	Signature	e:	
Receive Copy	Date:		
For Municipal Use Only:			
Date Received:		Request Number:	