Toronto Community Housing Corporation
931 Yonge Street
Toronto, Ontario
M4W 2H2

Toronto Community Housing

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

MFIPPA REQUEST FORM

Part A Requester's information (to be completed in full by the Requester)

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss	Last name	First name	Middle name

Address	City or town	Province	Postal code

Daytime telephone number Evening telephone number	If request is for access to, or correction of personal information records, indicate if: ❑ last name appearing on records is same as above; or ❑ different from above (specify) _____	Mail your completed form to: **Information Specialist** **Toronto Community Housing Corporation** **931 Yonge Street, 6th Floor** **Toronto, Ontario M4W 2H2**

What are you requesting? Check all that apply.

❑ **Access to general records** ❑ **Access to own personal Information** ❑ **Correction to own personal information**

❑ **$5.00 application fee attached**
*You must include the $5.00 application fee with your request form. Please make the cheque or money order payable to **Toronto Community Housing Corporation**.*

❑ **Government-issued photo ID attached**
Please include a copy of a government issued photo ID if the request is for your personal information. Examples are: Driver's licence, Ontario photo card, Citizenship card, first photo page of passport

Please note that there may be processing charges associated with your request, including a $0.20 per page photocopying fee

Detailed description of the records you are requesting. 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	Signature of Requester	Date of signature
❑ **Examine original** ❑ **Receive copy**		Day / Month / Year

Part B For office use only

Date of request received			Date of $5 application fee received			FOI number:	Comments:
Day	Month	Year	Day	Month	Year		
Received by:			Received by:				
Name		(Department)	Name		(Department)		

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: Information Specialist, Toronto Community Housing Corporation, 931 Yonge Street, 6th Floor Toronto, Ontario M4W 2H2, Telephone: (416) 981-4231