

Access or Correction Request

 Freedom of Information and Protection of Privacy Act
 Municipal Freedom of Information and Protection of Privacy Act

Please see instructions on page 2 before filling out this form

A. Type of Request

- Access to general records (non-personal information)
 Access to own personal information
 Access to other's personal information by authorized party
 Correction of own personal information

Name of institution request made to

Ontario Provincial Police - General Headquarters: 777 Memorial Avenue, Orillia, ON L3V 7V3

B. Requester's Information

Last name Jack		First name Michael		Middle initial
Unit/Apt. no.	Street no. 564	Street name Garside Drive		PO box
City/Town Peterborough		Province ON		Postal code K9H 7C7
Home phone no. (include area code)		Business/Mobile phone no. (include area code & extension) 705-740-5765		

C. Description of Records or Correction Requested

Kindly forward any questions concerning this application and all the requested information to: Michael Jack c/o Kimberley Wolfe (legal counsel): Felmato Delibato Heagle LLP, 2010 Winston Park Drive, Suite 301, Oakville, Ontario, L6H 5R7, Phone: 905-829-3277, Cell: 905-809-5469, Fax: 905-829-3277

Requested Information:

Copy of all records, documentation, documents, notes, recordings whether they be written, photocopy, audio/video or electronic transmissions/facsimiles held at:

1. Ontario Provincial Police General Headquarters in Orillia. These records have been referred to as an officer's "Red Jacket File", however, it might be under another name known only to senior management.

2. Professional Standards Bureau of the Ontario Provincial Police.

Time period of the records		Method of access	
From (yyyy/mm/dd) 2008/04/04	To (yyyy/mm/dd) 2009/12/31	<input checked="" type="checkbox"/> Receive copy <input type="checkbox"/> Examine original (on site only)	

D. Payment and Signature

\$5 application fee		Signature	Date (yyyy/mm/dd) 2010/12/24
<input checked="" type="checkbox"/> Cheque	<input type="checkbox"/> Cash (in person only)		

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act or Municipal Freedom of Information and Protection of Privacy Act and will be used to answer your request.

Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where you make the request.

E. Institution Use Only

Date received (yyyy/mm/dd)	Request no.	Comments

Instructions for Completing Access or Correction Request

EXHIBIT 91a

Informal Access to Records

Many records of public institutions are available to you without making a request under the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*. Contact the Freedom of Information and Privacy (FOIP) Coordinator at the institution that holds the records to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records.)

The FOIP Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney, guardian or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible, e.g., from 2008/07/21 to 2009/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

A \$5 application fee is required. Cash payments must be made in person.

Make cheques payable to the appropriate payee of the institution that holds the records. The payee for Government of Ontario ministries is the Minister of Finance.

Sign and date the form and mail it or submit it in person to the institution that holds the records.