

Please complete this form in its entirety and send it, along with a \$5.00 application fee made payable to Metrolinx, to: Freedom of Information Coordinator, Metrolinx, 20 Bay Street, 6th Floor, Toronto, ON, M5J 2W3.

A Type of Request (please check one)

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

B Requester's Information

Last Name		First Name		Middle Initial
Unit/Apt. no.	Street no.	Street name		PO Box
City/Town		Province		Postal Code
Telephone Number (include area code)			Email Address	

C Description of Records (please be as specific as possible)

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

D Payment and Signature

\$5 application fee enclosed <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Cash (in person only)* 20 Bay Street, 6th Floor Mail Room, Toronto Between 8am -12pm and 1pm - 4pm	Signature <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div> Date (yyyy/mm/dd)
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Personal information contained on this form is collected under the *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 Coordinator.

E Institution Use Only

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