The Town of Cobourg
55 King Street West, Cobourg, ON
K9A 2M2
Phone: (905) 372-4301
Fax: (905) 372-7558
www.cobourg.ca

Date Stamp- Request Received by Municipality

ROUTINE DISCLOSURE REQUEST FORM

REQUESTOR: Complete all fields below

Name: _____

Address: _____ Town/City: _____

Province: _____ Postal Code: _____

Tel: _____ Cell: _____

Email: _____

REQUEST: Provide a detailed description below

Preferred Method of access to records: ☐ Examine Original ☐ Receive Copy

☐ **Receive Copy of a Fire Incident Report ($75.00 fee)**

_____ _____

Requestor's Signature Date

Personal Information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56,* as amended. Inquires about the collection of personal information should be directed to the Municipal Clerk.