

Freedom of Information and Protection of Privacy Act

iGaming Ontario collects the personal information you provide using this form 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 Privacy@iGamingOntario.ca.

Fields marked with an asterisk (*) are mandatory.

Section A – Type of Request

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

Depending on the type of request, the FOI Coordinator will contact you via the email address or phone number you provide to either verify your identity before giving you access to your own personal information, or to secure proof that you have authority to act for another person if making a request for another person's personal information records (e.g., power of attorney, guardian or trusteeship order).

*Type of Request (select one):

- 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

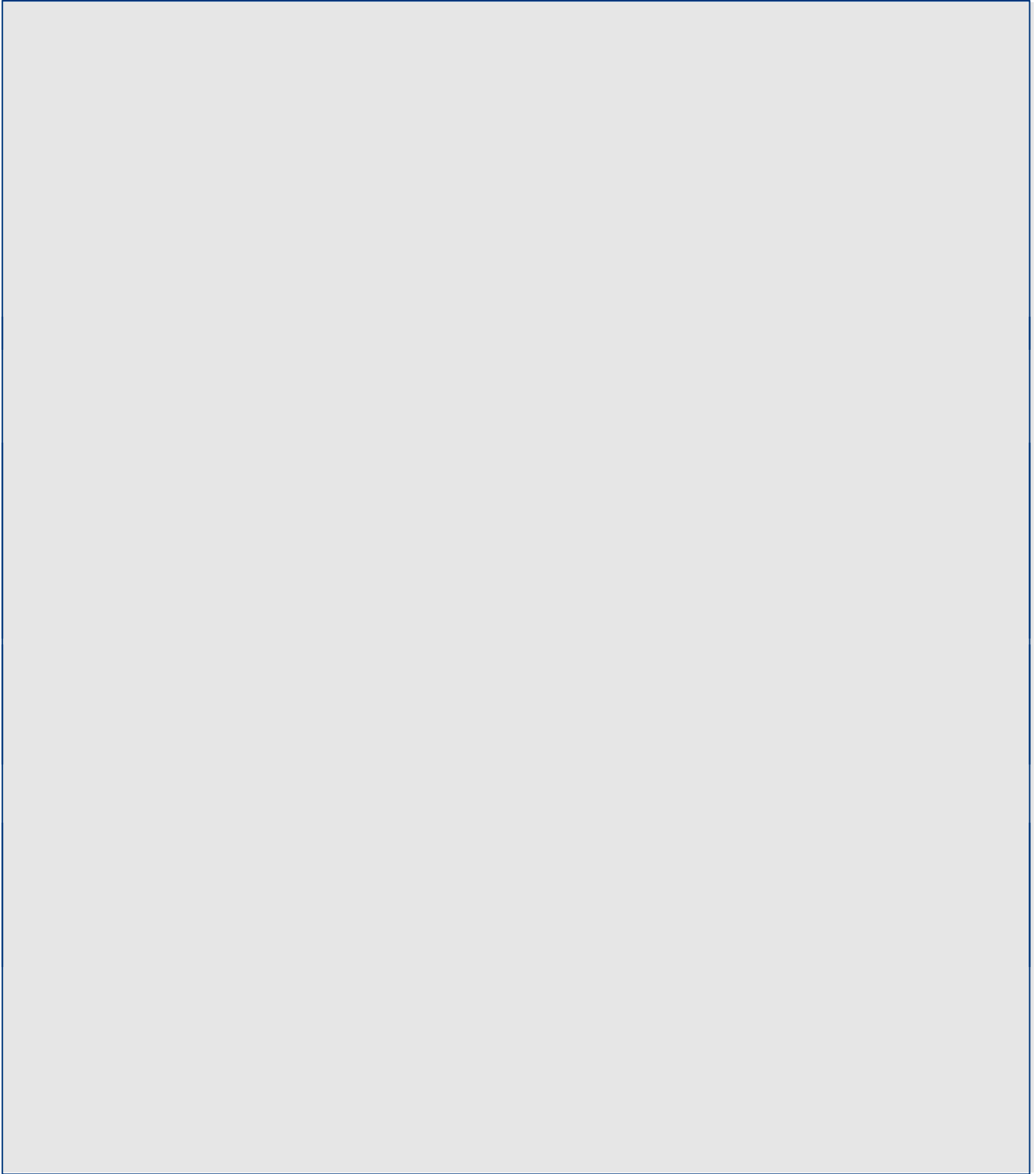
Section B – Description of Records

Provide as much detail as possible about the general records, own personal information, other's personal information or correction of own personal information that you are requesting.

If you are requesting access to personal information, provide the name that appears on the records.

If you are requesting a correction of your own personal information, describe the personal information to be corrected.

***Description of Records or Correction Requested**



***Records Start Date and End Date**

Specify the time period for the records as precisely as possible, e.g., from 2021/01/01 to 2024/08/15.

From _____ to _____

Section C – Requestor Information

Salutation: _____ Job Title: _____

Organization: _____

*Family Name: _____ *Given Name: _____

Mailing Address

Unit Number: _____ *Street Number: _____ *Street name: _____

*Province/State: _____ *County: _____ *Postal code/ZIP code: _____

Contact Information

*Email Address: _____ Tel #: _____ Fax: _____

Website: _____ Attn Line: _____

*Method of Access:

- Receive Copy
- Examine Original (on-site only)

Type of Requestor:

- Individual/Public
- Business
- Association/Group
- Media
- Individual By Agent
- Other

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Section D – Payment Method

Before iGaming Ontario can begin processing your request, there is a \$5.00 application fee payable to iGaming Ontario. Please enclose your payment via cheque with your form. Please ensure your cheque information reflects the personal information you have provided in section C above.

*Consent

I confirm that the banking information I am submitting belongs to me, and I am representing myself in this action. I acknowledge and agree to submit my information to iGO for the purpose of processing payment for this access or correction request.