

The **Requester**, signed below, requests that the following information be released to them by the **Fort Frances Public Library Technology Centre** (**FFPLTC**).

Requested information may be released under *The Ontario Municipal Freedom of Information and Protection of Privacy Act* in accordance with the FFPL Board's *Privacy Policy* and *Video Surveillance Policy*.

Information Requested:		
Purpose for Request:		
	Contact Information	
Address:	Phone:	
Email:		
Name:	Date:	
	(Please Print)	(YYYY-MM-DD)
Signature:	ID:	
		(Staff Use Only)