



# NORFOLK FIELD NATURALISTS

## POLICIES AND PROCEDURES

### ACCESS TO RECORDS

NO.: 05

DATE: July 18, 2023

AMENDED:

#### Policy

Under the Ontario Not-for-Profit Corporations Act (2010 [approved 2021]), NFN is required to provide access to its records under specific circumstances.

#### Procedure

1. Directors have access to documents as outlined in ONBA, Section 92.1.
2. A Member, a member's attorney or legal representative and a creditor of a corporation may examine and, on payment of a reasonable fee, take extracts from the records referred to in ONBA, Section 92.1.
3. A Member, a member's attorney or legal representative may request a copy of the register of members, on payment of a fee. The information contained in the register of members can only be used in connection with:
  - a. an effort to influence the voting of members;
  - b. requisitioning a meeting of the members; or
  - c. another matter relating to the affairs of the corporation.

#### Fees

\$5.00 application fee

Fees for: manually searching for a record (\$7.50 for every 15 minutes), preparing the record for disclosure, computer and other costs incurred in locating, retrieving, processing and copying a record (\$7.50 for every 15 minutes), shipping costs, photocopies and computer printouts. Photocopy fee per page is \$0.25.

4. Members are entitled to receive a copy of the Articles and By-laws at no cost.

Request to Access Records Form attached.

## Request Form

under the *Freedom of Information and Protection of Privacy Act*/  
*Municipal Freedom of Information and Protection of Privacy Act*

Please Note: A \$5.00 application fee is required  
 for all access requests.

<b>Request for:</b> <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	<b>Name of Institution request made to:</b>  
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If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records:  same as below, or: \_\_\_\_\_

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name: _____
First Name: _____	Middle Name: _____
Address: (Street/Apt. No./P.O. Box/R.R. No.) _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone Number (Day): (   ) _____	Telephone Number (Evening): (   ) _____

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

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**Note:** If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

<b>Preferred method of access to records:</b>	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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For Institution Use Only		
Date Received:	Request Number:	Comments

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.