Hello veronica green,

You have successfully submitted your request under the Access to Information Act to Canadian Heritage.

Your payment receipt number is #R120566921.

The information and documents that you provided will be reviewed and processing will begin shortly.

Please note that if you have submitted your request outside of regular business hours, the processing of your request will begin the following business day.

If your request is complete, it will be processed within 30 calendar days from the date of receipt, unless an extension is required. Extensions may be taken for limited and specific reasons, which are listed in the following sections of the Acts:

Section 9 of the Access to Information Act

Section 15 of the Privacy Act

Your temporary request tracking number is 259954. After your request has been registered, a new number will be assigned to your request.

Should additional information or documents be required, you will be notified by the Access to Information and Privacy Division at Canadian Heritage.

When you receive an answer to your request, review the information to determine whether you wish to make a further request under the Act. You also have the right to file a complaint to the <u>Information</u> <u>Commissioner</u> should you believe that you have been denied any of your rights under the Act.

If you have any questions or concerns, please contact PCH's ATIP Division by e-mail.

Thank you for using the Access to Information and Privacy online application.



Official Receipt - Reçu officiel



ACCT - COMPTE VISA \$5.00 CARD NUMBER - NUMÉRO DE LA CARTE: 45###########3166 RECEIPT NUMBER - NUMÉRO DU RECU R120566921

Government of Ontario

Access or Correction Request

Freedom of Information and Protection of Privacy Act Municipal Freedom of Information and Protection of Privacy Act

Please see instructions section before filling out this form

A. Type of Request

- X 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

Name of institution request made to

B. Requester's Information

Last name GREEN
First name VERONICA
Middle initial L.
Unit/Apt. no.
Street no. 218
Street name ROYAL AVE
PO box
City/Town OTTAWA
Province ONTAKLO
Postal Code K2A1T]
Home phone no. (include area code) ଜାଓ ୫ 67୩୲୵ଃ
Business/Mobile phone no. (include area code & extension)
Ext.

C. Description of Records or Correction Requested

Any and all records concerning community safety Minister Yasır Nagvi and the reports detailing marineland canada. I request information including communications, kepokts and decisione, but prease No emails. As this is a matter of public interest, I are that any additional fees be waved. please let me know when and if any information has been made available Time period of the records-From (yyyy/mm/dd) To (yyyy/mm/dd)

Method of access

D. Payment and Signature

\$5 applicatio	
🗙 Cheque	⊖ Cash (in person only)

Signature

Date (yyyy/mm/dd) 2015/01/26

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act or Municipal 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 and Privacy Coordinator at the institution where you make the request.

E. Institution Use Only

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

Comments

Available on-line at ontario.ca. This form will be kept for 6 years from the date of completion. Once completed, this form has a sensitivity level of medium.

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Disponible en français



Ottawa Municipal Freedom of Information & Protection of Privacy Act (MFIPPA) - Access/Correction Form

Please note:						
	account in accordance with	the time limits and and in the				
 An access/correction request for information will be pro MFIPPA and regulations. The time limit to respond to 	your inquiry will begin from	the time limits set out in the				
\$5.00 application fee are received.	you inquiry win begin nom	the date the request and the				
 If paying by cheque, please make the cheque payable 	to the "City of Ottawa"					
 Photocopies of originals will be provided in responding 	to requests On-site viewir	og of originals may be				
arranged if required.	to requests. On-site viewi	ig of originals may be				
Part A: To be completed in full by the Requester						
	Directed to:					
Access to General Records	City of Ottawa					
Access to Own Personal Information		Access to Information & Privacy Office				
Correction of Own Personal Information	110 Laurier Avenu	110 Laurier Avenue West				
	Ottawa, Ontario,					
Details						
Last Name	First Name					
GREEN	VERONICA LEIGH	ł				
Address	City	Province				
218 ROYAL AVE.	OTTAWA	ONTARLO				
Postal Code Telephone - Day	Telephone - Evening					
K2A IT7 (613) 867 9128	(613) 867-	-9128				
E-mail						
veronicalgreen 18 gmail.	com					
Detailed description of requested records, personal information	records or correction of perso	nal information:				
(If request is for correction of personal information, please indic	ate the desired correction and	attach any supporting				
documentation.)	ula less less al					
Au records pertaining to						
the city of Ottawa, speci	feally in the	Winder				
A state of the open	many trins	NUTCH				
from dates September 20	14 - Januarya	015. This is a				
matter of public interest and	Lange the of	2011				
		any				
additional fees be waved	ø					
Preferred method of access to records: Signature:		Date: / / /				
Receive Copy	20 A	2015 /01 /210				
Examine Original (on-site only)		yyyy / mm / dd				
Part B: For Office Use Only						
Date Application Fe	e Received: Received By:	Ext. #:				
\$5.00 Application Fee Received Day Month	Year					
Comments:						
		-				
Personal information contained on this form is collected up	nder section 17 of the Munic	cipal Freedom of Information				
and Protection of Privacy Act, and will be used to respond	to your request. Questions	s about this collection should				
be directed to the City of Ottawa, Access to Information &	Privacy Office, 110 Laurier	Ave. West, Ottawa, Ontario,				
K1P 1J1, 613-580-2424, ext. 21898.						

Aussi disponible en français



Ottawa Municipal Freedom of Information & Protection of Privacy Act (MFIPPA) - Access/Correction Form

Please note:		
 An access/correction request for information will be pr MFIPPA and regulations. The time limit to respond to \$5.00 application fee are received. If paying by cheque, please make the cheque payable Photocopies of originals will be provided in responding arranged if required. 	your inquiry will begin from to the "City of Ottawa".	the date the request and the
Part A: To be completed in full by the Requester		
Access to General Records Access to Own Personal Information Correction of Own Personal Information	Directed to: City of Ottawa Access to Informa 110 Laurier Aven Ottawa, Ontario,	
Details		initial Mail Code: 331
Last Name GREEN Address	First Name	Н
218 ROYAL AVE.	City OTTAWA	Province ONTARIO
Postal CodeTelephone - DayK2A-1T7613-867-9128	Telephone - Evening	
E-mail Veronicalgreenzegmail.co		
Detailed description of requested records, personal information (If request is for correction of personal information, please indic documentation.) RECORDS and details concer Taki by I aw and ottawa Coty Services concerning the reg of Uber drivers and takis. T i request additional fees be	cate the desired correction and Ching Uber, of Emergency an ulation and mo	tawacity dprotective ontoring
Preferred method of access to records: Signature:	lh	Date: <u>2018</u> /01 /26 yyyy mm dd
Part B: For Office Use Only		
\$5.00 Application Fee Received Date Application Fee Day Month	e Received: Received By Year	: Ext. #:
Comments:		
Personal information contained on this form is collected un and Protection of Privacy Act, and will be used to respond be directed to the City of Ottawa, Access to Information & K1P 1J1, 613-580-2424, ext. 21898.	to your request. Questions	s about this collection should

Government of Ontario

Access or Correction Request

Freedom of Information and Protection of Privacy Act Municipal Freedom of Information and Protection of Privacy Act

Please see instructions section before filling out this form

A. Type of Request

- X 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

Name of institution request made to

B. Requester's Information

Last name GREEN
First name VERONICA
Middle initial L.
Unit/Apt. no.
Street no. 218
Street name ROYAL AVE
PO box
City/Town OTTAWA
Province ONTAKIO
Postal Code K2A1T7
Home phone no. (include area code)
Business/Mobile phone no. (include area code & extension)

C. Description of Records or Correction Requested

Records from October 22, 2014 concerning hospital wait times in ottawa, ontario at the Civic Hospital.				
I am not concerned with emails. I am also not interested in anything that is a cabinet confidence.				
As this kequert is in the public interest, I ask that				
Time period of the records				
From (yyyy/mm/dd) To (yyyy/mm/dd)				
- Method of access				
🛠 Receive copy 🔅 Examine original (on site only)				

D. Payment and Signature

-\$5 application		
🛠 Cheque	Cash (in person only)	
Signature		

reen

Date (yyyy/mm/dd) 2015/01/24

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act or Municipal 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 and Privacy Coordinator at the institution where you make the request.

E. Institution Use Only

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

Comments

Available on-line at ontario.ca. This form will be kept for 6 years from the date of completion. Once completed, this form has a sensitivity level of medium.

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From: noreply.od-do@statcan.gc.ca On Behalf Of data.gc.ca noreply.od-do@statcan.gc.ca 🦰

Subject: Access to Information request confirmation

Date: January 27, 2015 at 10:45 AM

To: veronicalgreen1@gmail.com

This is an automated e-mail. You are receiving this because you contacted an organization about an ATI Request. Here are the values that you submitted:

Submitted on Tuesday, January 27, 2015 - 10:45am Submitted by user: Anonymous Submitted values are:

==ATI Request information== Organization: Agriculture and Agri-Food Canada Year: 2014 Month: May Request Number: A-2013-00123 Request Summary: All communication between CN Railway and Minister Ritz's Office and between CP Railway and Minister Ritz's Office from Nov. 1st, 2013 to March 13th, 2014 about grain logistics and/or grain movement in Western Canada. Disposition: Disclosed in part Number of Pages: 22 E-mail: ATIP-AIPRP@agr.gc.ca

Requestor Category: Academia Delivery Method: Email Given Name: Veroncia Leigh Family Name: Green Your e-mail address: veronicalgreen1@gmail.com Your telephone number: 6138679128 Additional Comments: All communication between CN Railway and Minister Ritz's Office and between CP Railway and Minister Ritz's Office from July, 2014 to December 31, 2014 about grain logistics and/or grain movement in Western Canada and cross-border from Canada to the United States. As this request is in the public interest, I ask that all fees please be waived. Please contact me when any records are ready for release. Please exclude email communications. ==Address== Street Number: 218 Street Name: Royal Apartment/Suite/Unit Number: Post Office Box: City: Ottawa Province/State: Ontario Postal/Zip Code: K2A1T7

I have read, understood and agree with the above Privacy Notice .: Yes

Country: Canada

NO

Submitted on Tuesday, January 27, 2015 - 10:30am Submitted by user: Anonymous Submitted values are:

==ATI Request information== Organization: Canada Border Services Agency Year: 2014 Month: April Request Number: A-2013-16522 Request Summary: Copy of Firearms seizure statistics/report from January 1, 2008 to December 31, 2013 at the Port of Entry of Windsor/Detroit. The report should include amount, date of seizure, type of firearm and resulting charges related to the seizures. Disposition: All disclosed Number of Pages: 5 E-mail: ATIP-AIPRP@cbsa-asfc.gc.ca

Requestor Category: Academia Delivery Method: Email Given Name: Veronica Leigh Family Name: Green Your e-mail address: <u>veronicalgreen1@gmail.com</u> Your telephone number: 6138679128 Additional Comments: I am a Masters candidate at the Carleton University School of Journalism.

I would like a copy of Firearms seizure statistics/report from January 1, 2008 to December 31, 2014 at the Port of Entry of Windsor/Detroit. The report should include amount, date of seizure, type of firearm and resulting charges related to the seizures. As this request is in the public interest, I ask that all fees please be waived. Please contact me when any records are ready for release. Please do not process any records that appear to be cabinet confidences. ==Address== Street Number: 218 Street Name: Royal Ave. Apartment/Suite/Unit Number: Post Office Box: City: Ottawa Province/State: Ontario Postal/Zip Code: K2A1T7

Country: Canada

I have read, understood and agree with the above Privacy Notice .: Yes

Submitted by user: Anonymous Submitted values are:

==ATI Request information== Organization: Royal Canadian Mounted Police Year: 2015 Month: January Request Number: A-2014-03533 Request Summary: All documents, briefing notes to the Minister or Director, decks/presentations, QP notes and media lines, created by RCMP at the national level since the start of 2012 until the most recent date possible, pertaining to programs designed to prevent the departure or radicalization of Canadian nationals or residents seeking to serve as foreign fighters or participate in terrorist activities abroad, specifically in Syria Disposition: Disclosed in part/Communication partielle Number of Pages: 43 E-mail: MJeffrey@rcmp-grc.gc.ca

Requestor Category: Academia Delivery Method: Electronic copy Given Name: Veronica Family Name: Green Your e-mail address: veronicalgreen1@gmail.com Your telephone number: (613)-867-9128 Additional Comments: I am a journalism student. I am requesting this information for a class project. Please exclude emails from response. ==Address== Street Number: 218 Street Name: royal Apartment/Suite/Unit Number: Post Office Box: City: ottawa Province/State: Ontario Postal/Zip Code: k2a 1t7 Country: Canada

I have read, understood and agree with the above Privacy Notice .: Yes