

ACCESS TO INFORMATION AND PROTECTION OF PRIVACY

Request for Correction of Personal Information

This is a request for correction to: *(Please check one)*

My own personal information Personal information for another person *(Attach proof of authority to act for the person)*

Which Public Body are you asking for information? *(Please fill in name of Department, Agency, Board or Commission)*

Applicant

Mr. Ms.
Mrs. Miss

Last name

First name

Company name *(if applicable)*

Mailing address

City or town

Province

Postal Code

Telephone (home)

Telephone (work)

Fax

What information are you requesting to be corrected?

Please describe the records in as much detail as possible. *Be sure to provide the last name appearing on the records if it is different from the name given above. If you need more space, please use the back of this form.*

Please describe the correction you are requesting and the reason for it. *Please attach any supporting documentation.*

Applicant's signature

Date

Personal information contained on this form is collected under the Access to Information and Protection of Privacy Act, and will be used to respond to your request.

For Public Body use only

Date received

Request number

Comments

