Form 2 - Request for **Correction of Personal Information**

Province of Nova Scotia Freedom of Information and Protection of Privacy Act Subsection 25(1)

TO:	Carla Heggie, FOIPOP Admir		Phone: (902) 424-8472
	Information Access & Privac NS Environment & Labour	У	Fax: (902) 424-6925
	5151 Terminal Road, 5 th fl.		
	PO Box 697		
	Halifax, Nova Scotia B3J 2T8		
1.	This is a request pursuant to the <i>Freedom of Information and Protection of Privacy Act</i> for correction of personal information.		
2.	The details of the personal information requested to be corrected are as follows:		
(a) last	name appearing on personal in	formation to be corrected:	
(b) dep	partment or institution maintaining	ng personal information:	;
(c) nan	ne of personal information bank	c or record:	;
(d) des	cription of personal information	1 to be corrected:	;
3.The	correction requested is as follow	ws:	
Signati	ure of Requester:		
Print F	full Name of Requester:		
Mailin	g Address of Requester:		(Street/Apartment No./R.R. No.)
			(Community/County)
			(Postal Code)
Telepl	none Numbers of Requester:	Residence	Business
		Fax	Cell
		For office use only	

Date Received:	Request #