



REQUEST FOR CORRECTION OF PERSONAL INFORMATION

Access to Information and Protection of Privacy Act

This is a request for

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

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Last Name	First Name
Company Name (if applicable)					
Mailing Address					
City or Town		Province/Territory		Postal Code	
Telephone (home)		Telephone (work)		Fax	

WHAT INFORMATION ARE YOU REQUESTING TO BE CORRECTED?

Please describe the information or records in as much detail as you can. Be sure to provide all names by which the individual may be identified. If you need more space, use an additional sheet.

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

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. A fee may be charged for providing the information requested.

Applicant's Signature: _____ Date: _____.

FOR PUBLIC BODY USE ONLY

Date Received	Request Number and Comments



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