



Date Received	Request Number and Comments
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## REQUEST FOR CORRECTION OF PERSONAL INFORMATION

### *Access to Information and Protection of Privacy Act*

This is a request for <input type="checkbox"/> My own personal information <input type="checkbox"/> 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: \_\_\_\_\_