

Request for Correction of Personal Information

Part 1: APPLICANT INFORMATION

You can provide either your email or your mailing address for us to follow up with you.

Name:

Address:

City/Town:

Province:

Postal Code:

Phone:

Email Address:

Part 2: DETAILS OF CORRECTION

Please describe the correction you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.

Specify any Reference numbers or File ID's if known:

Part 3: APPLICANT SIGNATURE

You may make a request for correction of personal information without using this form, provided you do so in writing.

Signature:

Date:

**Submit your application to the Corporate Officer
via email to foi@esquimalt.ca or 1229 Esquimalt Road, Esquimalt BC V9A 3P1**

DEPARTMENT USE ONLY

Request No.:	Date Received:	Decision: Correction Made: <input type="checkbox"/>	Correction Denied: <input type="checkbox"/>
FOI Head/Coordinator Signature:		Reason for Decision:	