

## *Request for Correction of Personal Information*

You may make a request for correction of personal without using this form, provided you do so in writing. Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.

YOUR NAME			
Last Name	First Name	Middle Name	Mr. Mrs. Miss Ms Other _____
YOUR ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
YOUR TELEPHONE / FAX NO.(s) (incl. area code)			
Day phone (     )	Email Address (     )	Day Fax No. (     )	
DETAILS OF CORRECTION			
Please describe the correction you are requesting. Be as specific as possible, as this will assist in the process. Attach a separate sheet, if the Space below is not sufficient.			Please specify any Ref # or File #, if known.
		Your signature	Date signed: YY/MM/DD
FOR PUBLIC BODY USE ONLY			
Request No.	Date Rec'd YY/MM/DD	FOI Head/Coordinator Signature	
Decision:			
CORRECTION MADE   CORRECTION DENIED			
Reason for Decision:			