

# **Request to Correct Personal Information**

Personal information on this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. See instructions for completing this form.

Title (optional) Last Name	First Name		
Address	City/Town/Village	Province	Postal Code
Telephone Number (daytime) ( ) Email Address	Telephone Number (evening)	Fax Number ( )	
<ol> <li>Whose information do you want to correct?</li></ol>			
3. What correction(s) are required and why? (Please attach any documents that support your request.)			
Signature		Date	
FOR OFFICE USE ONLY			
Date Received	Request Number		
	Comments		

# **Request to Correct Personal Information**

#### Instructions

You can correct information in many public body records without making a request under the *Freedom of Information and Protection of Privacy Act*. To determine whether you need to make a request under the Act, or if you need help completing the form, contact the FOIP Coordinator at 403-887-1185 Extension 224.

#### **About You**

In this part of the form enter:

- your last name, first name and preferred title, if any;
- your complete address and daytime and evening telephone numbers so that the public body can contact you about the request;
- a fax number or email address where correspondence may be sent.

#### **About your request**

#### 1. Whose information do you want to correct?

Check your own personal information or another person's personal information.

#### Your own personal information

If you want your personal information to be corrected, you will be required to provide proof of your identity.

#### Another person's information

If you want the information of another person to be corrected, you will be required to provide evidence that you have the authority to act on that person's behalf (e.g. guardianship order, power of attorney).

# 2. What personal information needs to be corrected?

- Be as specific as possible in describing the records.
- If you require additional space, continue your description on a separate sheet of paper and attach it to the request form.

## If requesting correction(s) to your own personal information, give:

- your full name;
- any other names that you have previously used; and
- any identifying number that relates to the records, such as your employee number or other identification number.

### If requesting correction(s) to another person's information, give:

- the person's full name;
- any other name that the person may have used on the records; and
- any identifying numbers for the person, if you happen to know them.

#### 3. What correction(s) are required and why?

What is incorrect about the information that is presently on the record? Be as specific as possible and attach any supporting documentation that supports your request for correction.

#### Your signature

Sign and date the request form.

#### Where to send your request

The completed request form must be sent to the FOIP Coordinator at the Municipal Government Building, 5012-48 Avenue, Sylvan Lake, AB, T4S 1G6. There is a drop box on the west side of the building to accommodate after hours delivery. Alternatively, forms and supporting documents may be scanned and emailed to FOIP@sylvanlake.ca