

Form # 2
Request for Correction of Personal Information
Part XX - Freedom of Information and Protection of Privacy
*** Section 484(1)**
Municipal Government Act



TO: FOIPOP Coordinator
Halifax Regional Municipality
Attention: Nancy L. Dempsey
P. O. Box 1749
Halifax, NS B3J 3A5 or hand deliver to:
81 Ilsley Avenue, Unit 9, Burnside

TEL: (902) 490-4390
FAX: (902) 490-6299

1. This is a request pursuant to Part XX of the Municipal Government Act (Freedom of Information and Protection of Privacy) for the correction of personal information.

2. The details of the personal information requested to be corrected are as follows:
 - (a) last name appearing on personal information to be corrected _____
 - (b) department or institution maintaining personal information _____
 - (c) name of personal information bank or record _____
 - (d) description of personal information to be corrected _____

3. The correction requested is as follows:

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

(Street/Apartment No./R.R. No.)

(Community)

(Postal Code)

Telephone Numbers of Applicant:

(Residence)

(Business)

Fax Number of Applicant: _____

E-Mail Address of Applicant: _____

FOR OFFICE USE ONLY

Date Received _____ Application No. _____