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

TO: Angie Williams, Access & Privacy Coordinator
Halifax Regional Municipality, P.O. Box 1749, Halifax, NS B3J 3A5
or hand deliver to: Duke Tower, 5251 Duke St, 3rd Floor, Halifax, NS
Tel: (902) 490-4234 Fax: (902) 490-4454

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: (Res): ______________________ (Bus): ______________________

Fax Number of Applicant: _______________________________________

E-Mail Address of Applicant: _______________________________________

FOR OFFICE USE ONLY

Date Received _____________________________ Application No. _______________________

Notes: ____________________________________________________________________________
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Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose(s) of processing this Request for Correction to Personal Information. If you have any questions about the collection and use of this information, please contact HRM’s Access & Privacy Officer at (902) 490-4390 or accessandprivacy@halifax.ca.