

REQUEST TO CORRECT PERSONAL INFORMATION FORM

INSTRUCTIONS

Personal information on this form is collected in accordance with the *Right to Information and Protection of Privacy Act (RTIPPA)* and the *Personal Health Information Privacy and Access Act (PHIPAA)*. The following allows you to correct your personal information. Please contact the Clerk's office to inquire if you are able to have your personal information corrected through existing procedures.

ABOUT YOU

In this section of the form, please include:

- your last name, first name and the name of the company or organization you are representing, if applicable;
- your complete mailing address and daytime and evening telephone numbers so that the City can contact you;
- a fax number or email address, if any, where correspondence may be sent.

ABOUT YOUR REQUEST

- Please check which person's information you would like to correct.

ABOUT THE INFORMATION YOU WANT TO CORRECT

- Please give your full name and any other names that you previously used as well as any identifying number that relates to the records in question.
- If you are requesting a correction to another person's information, please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see section 79 of the RTIPPA and sections 15 and 25 of the PHIPAA.
- Please be specific as to what exactly needs to be corrected. If you need more space, please continue your description on a separate sheet of paper and attach it to this form.

FEES

- There are no fees when making a request to correct personal information.

WHERE TO SEND YOUR REQUEST

- Be sure to sign, date and send your request to the Clerk.

ABOUT YOU

Last name

First name

Name of company or organization (where applicable)

Mailing address

City or Town

Province

Postal code

Home telephone number

Work telephone number

Fax number

Email

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ABOUT YOUR REQUEST

1. Whose Information do you want to correct? Please check one.

- Your own personal information
- Another person's information (Please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see section 79 of the RTIPPA and sections 15 and 25 of the PHIPAA for more details.)

ABOUT THE INFORMATION YOU WANT TO CORRECT

1. What personal information needs to be corrected? (Please provide as much detail as possible. Be sure to give the complete name that is in the records and any identifying number related to the records in question.)

2. What correction(s) do you want to make and why? (Please attach any documents that support your request.)

SIGNATURE

Signature

Date

WHERE TO SEND YOUR REQUEST: Clerk
City of Dieppe
333, Acadie Avenue
Dieppe, New Brunswick E1A 1G9
Email: clerksoffice@dieppe.ca
Telephone: 506.877.7900

FOR CITY USE ONLY

Date received

Request identification number

Comments

Personal information on this form is collected under the authority of the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act* for the purpose of processing your application. Questions about this collection of personal information can be directed to the Clerk, 333 Acadie Avenue, Dieppe, New Brunswick, E1A 1G9, 506.877.7900.

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