

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

TO: _____ *(Address to the CAO or clerk of the*
_____ *municipality where the information*
_____ *is filed or deposited.)*

- 1. This is a request pursuant to Part XX of the Municipal Government Act (Freedom of Information and Protection of Privacy) for 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 Requester: _____
Print Full Name of Requester: _____
Mailing Address of Requester: _____
_____ *(Street/Apartment No./R.R. No.)*
_____ *(Community/County)*
_____ *(Postal Code)*

Telephone Numbers of Requester: _____ *(Residence)* _____ *(Business)*
Fax Number of Requester: _____

For office use only

Date Received _____ **Request No.** _____
