Request to Correct Personal Information

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

Contact information

Last Name	Middle Name	First Name
Mailing Address *Street*	*City/Town/Village*	*Province* *Postal Code*
Telephone Number *(daytime)* ( )	Telephone Number *(evening)* ( )	Company or Organization
E-mail Address		

Request information

1. Whose information do you want to correct?

- ☐ Your own personal information
- ☐ Another person's information *(Please attach proof that you can legally act for the person.)*

2. To which public body are you making your request? *Please fill in the name of the public body that has the records you wish to access - eg. County of Wetaskiwin No. 10. For a complete listing of public bodies, consult the Directory of Public Bodies website to 'Find an ATI Coordinator' at https://www.alberta.ca/lookup/find-an-ati-coordinator.aspx.*

Request details

1. What personal information needs to be corrected? *(Please give as much detail as possible. Be sure to give the complete name that is in the records if it is different from the name given above.)*

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

Your signature

Signature	Date

Where to send your request

Send your completed request form, and initial fee if applicable, to the ATI Coordinator of the public body that has the records you wish to access.
County of Wetaskiwin (attention: Privacy Officer), PO Box 6960, Wetaskiwin AB, T9A 2G5 / 243019A Highway 13
email: legislativeservices@county10.ca / phone 780.352.3321 (ext. 2270) or toll free at 1.800.661.4125.

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 *Protection of Privacy Act* (POPA). To determine whether you need to make a request under the Act or if you need help completing the form, contact the privacy coordinator of the public body to which you are making the request.

Contact information

In this part of the form enter:

- your last name, middle name, and first name
- your complete mailing address and daytime and evening telephone numbers so that public body can contact you about the request; and
- an e-mail address or mailing address, if any, where correspondence may be sent.

Request information

1. Whose information do you want to correct? Indicate whether you want your personal information or another person's information to be corrected.

   Your personal information

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

   Another person's information

   If you want the information of another person to be corrected, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person.

2. Enter the name of the public body that you believe has the records that you want corrected.

Request details

1. What records contain the information that you want corrected?
   - Be as specific as possible in describing the records. The more specific your request, the more quickly and accurately it can be answered.
   - If you need more space, please continue your description on a separate sheet of paper and attach it to this form.

   If you want a correction made to your own personal information, please be sure that you give:
   - your full name;
   - any other names that you have used on the records; and
   - any identifying number that relates to the records, such as your employee number, case number or other identification number.

   If you want a correction made to another person's information, please give:
   - the person's full name;
   - any other name that person may have used on the records; and
   - any identifying numbers for the person if you know them.

2. What correction do you want made? What is incorrect about the information that is currently on the record? Please be specific.

Your signature

Sign and date the form.

Where to send your request

COUNTY OF WETASKIWIN NO. 10
Attention: **Privacy Officer**
Physical Address: 243019A Highway 13
Mailing Address: PO Box 6960
Wetaskiwin AB, T9A 2G5

Email: legislativeservices@county10.ca