



Request to Correct Personal Information

If you have questions about filling out this form, please contact the FOIP Head at 403-529-8234 or angcru@medicinehat.ca

About you

Title <i>(optional)</i>	Last Name	First Name		
Mailing Address	Street	City/Town/Village	Province	Postal Code
Telephone Number <i>(daytime)</i> ()	Telephone Number <i>(evening)</i> ()	Fax Number ()		
E-mail Address				

About your Request

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 department are you making your request?

About the information you want to correct

3. 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.)*

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

Your signature

Signature	Date
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Where to send your request

Send your completed form to the FOIP Head, by mail, or delivered in person at Office of the City Clerk, 3rd Floor, City Hall, 580 First Street SE, Medicine Hat, Alberta T1A 8E6 or by email to angcru@medicinehat.ca.

Personal information is collected for the purpose of processing your access to information request and will be used to contact you regarding your request. Collection is authorized under section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed and protected in accordance with the Act. Questions about the collection, please contact the FOIP Head of Local Body, 3rd Floor, City Hall, 580 First Street SE, Medicine Hat, Alberta T1A 8E6, 403-529-8234.

For office use only

Date Received: MM/DD/YYYY	Request Number	Request Due Date:
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Request to Correct Personal Information

Instructions

You can correct information in many cases without making a request under the *Freedom of Information and Protection of Privacy Act* (the *FOIP Act*). To determine whether you need to make a request under the Act or if you need help completing the form, contact the FOIP Head at 403-529-8234 or angcru@medicinehat.ca

About you

In this part of the form enter:

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

About your request

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 Department that you believe has the records that you want corrected.

About the information you want to correct

3. 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.

4. 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.

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