

Form 2 Request for Correction of Personal Information

**Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 25(1)**

TO: _____

(Address to the IAP/FOIPOP Administrator or Deputy Minister of the public body where the information is filed or deposited.)

1. This is a request pursuant to the Freedom of Information and Protection of Privacy Act 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. _____

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