



REQUEST TO CORRECT PERSONAL INFORMATION

Local Authority Freedom of Information and Protection of Privacy

(Please Print)

Applicant Information

Last Name		First Name	
Address		City/Town	Province
Postal Code	Telephone (Residence)	Telephone (Work)	Facsimile

Details of Request

Whose information do you want to correct? <input type="checkbox"/> Your own personal information <input type="checkbox"/> Another person's personal information <i>(Please attach proof that you can legally act for the person.)</i>
Estevan Police Service
Name of Record <i>(if known)</i>
Detailed Description of Record: _____ _____ _____ _____ _____ _____ _____
What correction do you want to make and why? <i>(Please attach any documents that support your request.)</i> _____ _____ _____ _____ _____ _____

X

 Signature of Applicant

For Office Use Only	
Date Received _____	Received By _____
Badge No. _____	
Applicant Identity Confirmed	Yes <input type="checkbox"/> (Type _____) No <input type="checkbox"/>
Application Fee Received	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal information contained on this form is collected pursuant to *The Local Authority Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Access and Privacy Unit.