

Request to Correct Personal Information Form

Instructions

Personal information on this form is collected in accordance with New Brunswick's *Right to Information and Protection of Privacy Act* (RTIPPA). The Town of Riverview already has procedures in place for you to correct your personal information; please contact the Town of Riverview to inquire if you are able to have your personal information corrected through existing procedures.

ABOUT YOU

In this section of the form, please include:

- your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- your complete mailing address and daytime and evening telephone numbers so that the 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

- Please check **which person's information** you would like to correct.

ABOUT THE INFORMATION YOU WANT TO CORRECT

- Please give your **full name** and any other **names that you previously used** and any identifying number that relates to the records in question.
- If you are requesting a correction to another person's information, please attach **proof that you can legally act for that person**. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization.
- Please be specific as to what exactly needs to be corrected. If you need more space, please continue your description on a separate sheet of paper and attach it to this form.

FEES

- There are no fees when making a request to correct personal information.

WHERE TO SEND YOUR REQUEST

- Be sure to sign, date and send your request to:

Town of Riverview
Town Clerk's Office
30 Honour House Court
Riverview, NB E1B 3Y9
Tel: 506-387-2234 Fax: 506-387-2033
Email: records@townofriverview.ca



Request to Correct Personal Information Form

ABOUT YOU:

Title	Last name	First name
Name of company or organization (<i>where applicable</i>)		
Mailing Address		
City or Town	Province	Postal Code
Home Telephone #	Work Telephone #	
Facsimile #	E-mail	

ABOUT YOUR REQUEST:

1. Whose Information do you want to correct? Please check one

- Your own personal information
- Another person's Information (*Please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization.*)

2. To which Town department are you making your request?

ABOUT THE INFORMATION YOU WANT TO CORRECT:

1. What personal information needs to be corrected? (*Please provide as much detail as possible. Be sure to give the complete name that is in the records and any identifying number related to the records in question.*)



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

YOUR SIGNATURE:

Signature	Date
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FOR TOWN OF RIVERVIEW USE ONLY:	
Date Received	Comments
Request Identification Number	

Option to Print