



## 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 Town of Riverview 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: [clerk@townofriverview.ca](mailto:clerk@townofriverview.ca)



## Request to Correct Personal Information Form

### About You:

Title:	First Name:	Last 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
- Information about another individual (*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*)

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

### Your Signature:

<input type="text"/>	Date:
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### Where to Send Your Request

Town of Riverview

Town Clerk's Office

30 Honour House Court

Riverview, NB, E1B 3Y9

Tel: 506-387-2234 Fax: 387-2033

Email: [clerk@townofriverview.ca](mailto:clerk@townofriverview.ca)

### FOR TOWN OF RIVERVIEW USE ONLY

Date Received:
Request Identification Number:
Comments: