

Personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. See instructions for completing this form.

## About you

Title (optional)	Last Name	First Name		
Mailing Address	Street	City/Town/Village	Province	Postal Code
Telephone Number (daytime) ( )	Telephone Number (evening) ( )	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 public body are you making your request? (Please fill in the name of the public body that has the records you wish to correct. For a complete listing of public bodies, consult the Directory of Public Bodies on the FOIP website at foip.alberta.ca.)

## About the information you want to correct

### 1. 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).

### 2. 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 request form, and initial fee if applicable, to the FOIP Coordinator of the public body that has the records you wish to access. FOIP Coordinator by email: [foip@county10.ca](mailto:foip@county10.ca); by phone 780.352.3321 (ext. 2270) or toll free at 1.800.661.4125; in person at 243019A Highway 13; or by mail at PO Box 6960, Wetaskiwin AB, T9A 2G5.

Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) authorizes the County of Wetaskiwin No. 10 to collect personal information on this form for the purpose of requesting to correct personal information. If you wish to inquire about the collection, use, and disclosure of personal information, or have questions about correcting your personal information, please contact the FOIP Coordinator by email: [foip@county10.ca](mailto:foip@county10.ca); by phone 780.352.3321 (ext. 2270) or toll free at 1.800.661.4125; in person at 243019A Highway 13; or by mail at PO Box 6960, Wetaskiwin AB, T9A 2G5.

### FOR OFFICE USE ONLY

Date Received	Request Number
	Comments

# Request to Correct Personal Information

## Instructions

You can correct information in many public body records 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 Coordinator of the public body to which you are making the request.

### 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 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

#### 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 personal 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 the power of attorney for that person. *is your own personal information or the personal information of an individual you are entitled to represent.*

#### 2. To which public body are you making your request?

Enter the name of the public body that you believe has the records that you are requesting.

### About the information you want to correct

#### 1. 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 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.

*If you are requesting records for another person, you will have to provide proof that you have authority to act for that person.*

#### 2. What correction(s) 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.

### Where to send your request

County of Wetaskiwin (243019A Highway 13)  
Attention: FOIP Coordinator  
Post mail: County of Wetaskiwin, PO Box 6960,  
Wetaskiwin AB, T9A 2G5  
Email: [foip@county10.ca](mailto:foip@county10.ca)