## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY



## REQUEST FOR CORRECTION OF PERSONAL INFORMATION

| Request No   |  |
|--------------|--|
| Request Code |  |

| Name of Public Body to Which you are Directing Your Request   |                                     |          |  |             |      |  |  |
|---|-------------------------------------|----------|--|-------------|------|--|--|
| ☐ Peace River Regional District ☐ Peace River Regional Hospital District  |                                     |          |  | strict      |      |  |  |
| YOUR NAME   |                                     |          |  |             |      |  |  |
| Last Name   | First Name                          |          | Middle Name                                |             |      |  |  |
| Your Address  |                                     |          |  |             |      |  |  |
| Street, PO Box, RR No.  | City/Town                           |          | Province/Country Postal Code               |             |      |  |  |
| YOUR TELEPHONE / FAX NUMBERS  |                                     |          |  |             |      |  |  |
| Day Phone No. Alternate Phone No.   |                                     |          | Fax No.                                    |             |      |  |  |
| ( )   | ( )                                 |          | ( )  |             |      |  |  |
| DETAILS OF REQUESTED INFORMATION  |                                     |          |  |             |      |  |  |
| a separate sheet if the space below is not  |                                     |          |  |             |      |  |  |
| Are you making a request for correction (If so, please attach a signed letter of authors)   | -                                   |          | -  | ☐ Yes       | ☐ No |  |  |
| Your Signature  | non-mini or outer proof of audioni, | , 10 401 |  | Date Signed |      |  |  |
| Tour dignature  |                                     |          | Year                                       | Month       | Day  |  |  |
| FOR PUBLIC USE ONLY   |                                     |          |  |             |      |  |  |
| Date Received:  | •                                   |          | tion of Personal Information RCS 293-200 ) |             |      |  |  |
| Name of Public Body Receiving Request:  |                                     |          |  |             |      |  |  |
| You may make a request for correction without using this form, provided you do so in wiring.  Personal information contained on this form is collected under the <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to your request. |                                     |          |  |             |      |  |  |