



FORM #2 - Request for Correction of Personal Information

Part XX – Municipal Government Act

***Subsection 25(1)**

TO: FOIPOP Administrator
Halifax Water
450 Cowie Hill Road
PO Box 8388, RPO CSC
Halifax NS B3K 5M1

This is a request pursuant to Part XX of the Municipal Government Act (Freedom of Information and Protection of Privacy) for the correction of personal information.

1. The details of the personal information requested to be corrected are as follows:

- (a) last name appearing on personal information to be corrected _____
- (b) department or institution maintaining personal information _____
- (c) name of personal information bank or record _____
- (d) description of personal information to be corrected _____

2. The correction requested is as follows:

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____
(Street/Apartment No./R.R. No.)

(Community)

(Postal Code)

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Telephone Numbers of
Applicant:

(Residence) _____

(Business) _____

Fax Number of Applicant:

E-mail Address of Applicant:

FOR OFFICE USE ONLY

Date Received: _____ Application No: _____

Collection & Use Disclosure Statement

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used and/or disclosed if necessary, for the purpose of processing this Access to Information Application. If you have any questions about the collection and use of this information, please contact Halifax Water's Privacy Administrator at privacy@halifaxwater.ca