



**CORRECTION OF PERSONAL INFORMATION REQUEST**

Contact Information (to be completed by the complainant)

**SECTION 1**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Correction Request Details

**SECTION 2**

I wish to correct the following information (please be specific):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Privacy Notice

**SECTION 3**

Collection of personal information through this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to respond to your complaint. Questions about the collection and use of the information may be directed to the ATIPP Coordinator at 576-8429 or [atipp@stjohns.ca](mailto:atipp@stjohns.ca)

Please send completed form to:

ATIPP Coordinator  
Office of the City Clerk  
P.O. Box 908, 10 New Gower Street  
St. John's, NL A1C 5M2

For further information:  
Phone: 709-576-8429  
Email: [atipp@stjohns.ca](mailto:atipp@stjohns.ca)