



Correction of Personal Information Request

Contact Information

SECTION 1

Name _____

Mailing Address _____

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

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