



**FORM #2 - Request for Correction of Personal Information**

Part XX – Municipal Government Act

\*Subsection 25(1)

---

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

(Telephone) 902-490-6101  
(Fax) 902-490-6939

---

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)

**FORM #2 - Request for Correction of Personal Information**

Part XX – Municipal Government Act

\*Subsection 25(1)

Page 2

---

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 902-490-6101 or [privacy@halifaxwater.ca](mailto:privacy@halifaxwater.ca)