REQUEST TO CORRECT PERSONAL INFORMATION

CC 982 (2025-11)

Important: This PDF was designed to be filled in with Adobe Acrobat Reader only.
If you are experiencing issues filling out this form, click here for help with your settings.

Mail Request to:
Access to Information Coordinator
The City of Calgary #8007F
PO Box 2100, Station M
Calgary, Alberta T2P 2M5

or

Deliver Request to:
Access to Information and Investigations
Visitor Management Centre
Calgary Municipal Building - Main Floor
800 Macleod Trail SE T2G 2M3

or

Email Request to:
AccessandPrivacy@calgary.ca

Your personal information is being collected pursuant to section 4(c) of the Protection of Privacy Act for the purpose of accessing information and responding to your request. This information may be input into an automated system to generate content or make decisions, recommendations, or predictions. If you have any questions about this collection, please contact the Access and Privacy Coordinator at 403-268-5861 (option 2) or AccessandPrivacy@calgary.ca.

CONTACT INFORMATION

Last Name | First Name

How do you want to receive correspondence from the Access to Information and Investigations office?

☐ Email ☐ Mail

Based on your correspondence preference, please provide one of the following: mailing address or email address.

1. Mailing Address | City or Town | Province | Postal Code

2. Email Address | Phone (Optional)

REQUEST INFORMATION

1. What kind of information are you requesting correction of?

☐ PERSONAL INFORMATION ABOUT YOURSELF

☐ PERSONAL INFORMATION ON BEHALF OF ANOTHER PERSON ***Note:*** You will be required to provide proof that you have the authority to act for this person.

2. If you are requesting a **correction of personal information about yourself**, please provide full given names, all previous names and applicable personal identifiers. You will be required to provide proof of your identity. Please note that this information will need to be disclosed to relevant City business units to search for responsive records.

3. If you are requesting a **correction of personal information on behalf of another person**, **provide their given name(s) and any previous names and/or applicable personal identifiers. You will be required to provide proof that you have the authority to act for that person.**

4. What personal information are you requesting a correction of? Please give as much detail as possible. Be sure to give the complete name that is in the records if it is different from the name given above.

5. What correction of personal information is required and why is this correction required? Please attach any documents that support your request.

Submission Date YYYY-MM-DD

For office use only

Date Received YYYY-MM-DD	Request Number	Request Due Date YYYY-MM-DD

ISC: Confidential