



OFFICE OF THE INFORMATION &
PRIVACY COMMISSIONER OF ALBERTA

Change of Contact and/or Address for Service

You must use this form to update your Contact and/or your Address for Service.
(Undisclosed parties use the "Undisclosed Party Change of Contact and/or Address for Service" form.)

This is my written direction to the Office of the Information and Privacy Commissioner (OIPC) to update
its records for Case File Number \_\_\_\_\_, effective \_\_\_\_\_ (date)
(check and complete all that apply):

- I revoke all authority I previously granted to my Agent/Lawyer for the purposes of the above OIPC case file.
I am representing myself for the purposes of the above OIPC case file. Contact me at the Address for Service
provided below.
I authorize \_\_\_\_\_ (name) ("Agent") to act on my behalf for the purposes
of the above OIPC case file. Contact my Agent at the Address for Service provided below.
I have retained \_\_\_\_\_ (law firm name) ("Lawyer") to represent me for the
purposes of the above OIPC case file. Contact my Lawyer at the Address for Service provided below.
Update my Address for Service, as provided below, for the above OIPC case file.

Address for Service:

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Attention: (e.g. Agent's or individual lawyer's name) \_\_\_\_\_
Daytime Contact Phone No: \_\_\_\_\_ Area Code \_\_\_\_\_ Ext # \_\_\_\_\_
Fax No: \_\_\_\_\_ Area Code \_\_\_\_\_

I confirm that I have already forwarded a copy of this completed form to the Public Body/Custodian/Organization and
to all affected parties who have been disclosed to me at their respective current addresses for service. I agree that,
despite the effective date I have indicated above, the direction stated in this form will not become effective until both:
(1) the Public Body/Custodian/Organization and all affected parties who have been disclosed to me have received
a copy of this completed form, and
(2) the OIPC has received the original of this completed form.
A fax, electronic or other reproduction of my signature below is as effective as the original.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Information and Privacy Commissioner of Alberta

Toll-free (in Alberta only): 1-888-878-4044
Website: http://www.oipc.ab.ca/

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#410, 9925 - 109th Street
Edmonton, AB T5K 2J8
Phone: 780-422-6860 Fax: 780-422-5682

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2460, 801 - 6th Avenue SW
Calgary, AB T2P 3W2
Phone: 403-297-2728 Fax: 403-297-2711

FOR INTERNAL OFFICE USE ONLY:

System Updated \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

