***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.)*

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| **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)* | | | | |

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|  | 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. | | | | |

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| **Address for Service** | | | | | | | | | | | | | | |
| **Address (include Apt/Suite/Other)** | | | |  | | | | | | | | | | |
| **City** |  | | | **Province** |  | | | | **Postal** **Code** | |  | | **Country** |  |
| **Attention: (e.g. Agent’s or Individuals Lawyer’s name)** | | | | | |  | | | | | | | | |
| **Daytime Phone No.** | | | (     ) | | | | **Ext #** |  | | **Fax No.** | | (     ) | | |
| **Email** | |  | | | | | | | | | | | | |

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|  | * **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.** |

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| **Name** |  | **Signature** |  | **Date** |  |

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| **Office of the Information and Privacy Commissioner of Alberta**  Toll-free (in Alberta only): 1-888-878-4044  **⏐**  Website**:** <http://www.oipc.ab.ca/> | |
|  |  |
| ***Edmonton Office:***  #410, 9925 – 109th Street Edmonton, AB T5K 2J8  Phone: 780 422-6860 Fax: 780 422-5682 | ***Calgary Office:***  2460, 801 – 6th Avenue SW Calgary, AB T2P 3W2  Phone: 403 297-2728 Fax: 403 297-2711 |

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| *For Internal Use only. System updated:* | *Date* |  | *Initial* |  |