***Undisclosed Affected Party***

***Change of Contact and/or Address for Service***

*You* ***must*** *use this form to update your Contact and/or your Address for Service* ***only if*** *you are an Affected Party
and your identity has not been disclosed to the other parties involved in this Case File.*

|  |
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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 have been identified as an Affected Party in the above OIPC case file, but my identity has not been revealed to the other parties involved. (Note: If this is not the case, use a “Change of Contact and/or Address for Service” form.) |
|  |  |
| [ ]  | 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 agree that, despite the effective date I have indicated above, the direction stated in this form will not become effective until 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 2J8Phone: 780 422-6860 Fax: 780 422-5682 | ***Calgary Office:***2460, 801 – 6th Avenue SW Calgary, AB T2P 3W2Phone: 403 297-2728 Fax: 403 297-2711 |

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