***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 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* |  |