

Application for alteration of personal information held by Council

Under section 15 of the *Privacy and Personal Information Protection Act 1998*

I, ⁽¹⁾ _____ (1) applicant full name

of ⁽²⁾ _____ (2) applicant address

_____ State _____ Postcode _____

hereby request Council to alter personal information it holds regarding myself, as follows:

I propose the following change(s): _____

The reason for the change(s) is: _____

Documentary basis for the change(s) is as shown on the attached document(s)⁽³⁾ : _____ (3) describe any relevant documents attached

My preferred postal address for response to this application is: as above

Or ⁽⁴⁾ _____ (4) if different to above

_____ State _____ Postcode _____

Or via email to ⁽⁵⁾ : _____ (5) email address

Your Signature: _____ Date: _____

Note to applicants:

- You have a right to request appropriate amendments are made (whether by way of corrections, deletions or additions) to ensure that the personal information held by the Council (a) is accurate, and (b) having regard to the purpose for which the information was collected (or is to be used) and to any purpose that is directly related to that purpose, is relevant, up-to-date, complete and not misleading.
- If your personal information is amended, you are entitled under the *Privacy and Personal Information Protection Act 1998* (PPIPA), if it is reasonably practicable, to the have recipients of that information notified of the amendments made by Council.
- If Council is not prepared to amend the personal information in accordance with a request by you, Council must take such steps as are reasonable to attach to the information in such a manner as is capable of being read with the information, any statement provided by you.
- Council may refuse to process your application in part, or in whole, if there is an exemption to section 15 of the PPIPA; or a Code of Practice may restrict alteration.

Enquiries concerning this matter can be addressed to: **Privacy Contact Officer**
 PO Box 99 Moruya NSW 2537 | council@eurocoast.nsw.gov.au | 02 4474 1000

OFFICE USE:	Information Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer: _____
Fee: _____	Receipt No: _____	Date: _____ / _____ / _____