

Information Request Form

If you are looking for information regarding an active or recently closed client matter please contact your Stewart McKelvey lawyer directly.

If the information you are seeking falls outside of the above please complete this form and submit to privacy@stewartmckelvey.com for review and response.

In line with the principles of applicable privacy legislation, you will be given reasonable access to your personal information. Certain exceptions to access apply, such as for information that contains references to personal information of other individuals, and information that is subject to privilege. We will also take reasonable steps to update or correct your personal information when necessary, or when you request it.

We may require you to provide proof of identification in order to process your request for access to personal information.

Request for: (select ONE)	I wish to: (select ONE)
<input type="checkbox"/> Access to Your Own Personal Information	<input type="checkbox"/> Examine the record
<input type="checkbox"/> Correction to Own Personal Information	<input type="checkbox"/> Receive a copy of the record

Requestor Information

Last Name:	
First Name:	Middle Name:
Address:	City/Town:
Province:	Postal Code:
Phone #:	Email:

Details of Information Request

Personal Information contained on this form and in conjunction with this request will be used for the purpose of responding to your request. Questions about this collection should be directed to privacy@stewartmckelvey.com.

Identify the personal information about you that you are requesting. Please include particulars such as the date of the requested record(s) or time period, event or action to which the record(s) relate, the type of record (document, report, letter, etc.), and if applicable, the name of department personnel who prepared or may have knowledge of the information.

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Correction Request Details

Please indicate the desired correction to your personal information and submit any supporting documentation if applicable.

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I understand that I may be required to pay a fee before obtaining access to the record.

In signing below, I confirm that all the information contained in this form and attachment(s) if applicable is accurate to the best of my knowledge.

Requestor Signature:	Date: (DD/MM/YYYY)