

Atlantic Highways Management Corporation Limited  
Cobequid Pass Toll Plaza

Personal Information Request / Complaint Form

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H): \_\_\_\_\_

Telephone No. (O): \_\_\_\_\_

Transponder No. (if known): \_\_\_\_\_

I wish to file a

Request, or

Complaint (check appropriate box)

Regarding my Personal Information held by Cobequid Pass Toll Plaza

(Please set out your request or complaint):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Internal Purpose Only:

Date Received:

By (print name):

\_\_\_\_\_

\_\_\_\_\_

Date acknowledged:

By (print name):

\_\_\_\_\_

\_\_\_\_\_

Date of response:

By (print name):

\_\_\_\_\_

\_\_\_\_\_