PORT MOODY POLICE DEPARTMENT

Request for Access to Records Under *the Freedom of Information and Protection of Privacy Act*

IMPORTANT INFORMATION - PLEASE READ FIRST

1. This form MUST be completed in full.
2. If you are requesting records containing information about yourself, we require a copy of your picture government issued identification (eg. Driver's licence). No records will be sent to you until we receive a copy of your identification.
3. We do NOT fax copies of records requested. You may make arrangements to pick up the records or we will send them to you via Canada Post.
4. All requests are processed in the order that they are received. Under the *Freedom of Information and Protection of Privacy Act*, we have thirty (30) days to respond to requests for records.
5. Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act*, and will be used only for the purpose of responding to your request.

REQUESTER'S INFORMATION

☐ MS. ☐ MRS. ☐ MISS ☐ MR. ☐ OTHER	LAST NAME	FIRST NAME	MIDDLE NAME (INITIAL)
APT./P.O. BOX NO.	STREET ADDRESS		
CITY/TOWN	PROVINCE/COUNTRY	POSTAL/ZIP CODE	
DAY PHONE NO.	ALTERNATE PHONE NO.		
DAY FAX NO.	OTHER PHONE NO.		
DATE OF BIRTH YEAR MONTH DAY	DRIVER'S LICENCE NUMBER	PLACE OF ISSUE	

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? ☐ YES ☐ NO

IF SO, PLEASE ATTACH AS APPROPRIATE A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR

B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF

DETAILS OF RECORDS REQUESTED

PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING (BE AS DETAILED AS POSSIBLE). ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT. IF YOUR REQUEST RELATES TO A SPECIFIC INCIDENT PLEASE INCLUDE LOCATION, DATE, NAMES OF PEOPLE INVOLVED AND NAME OR IDENTIFICATION NUMBER OF POLICE MEMBERS INVOLVED.

	PLEASE PROVIDE ANY REFERENCE OR FILE NUMBER(S), IF KNOWN

YOUR SIGNATURE	YEAR	MONTH	DAY