

# New Westminster Police Department

## REQUEST FOR ACCESS TO RECORDS

UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

IMPORTANT INFORMATION - PLEASE READ FIRST				
This form <b>MUST</b> be completed in full. <b>If you are requesting information about yourself, we require a copy of your government issued ID (eg. Driver's Licence or Passport). No information will be sent to you until we receive your ID.</b> We do NOT fax copies of police reports. You may make arrangements to pick up the report or we will send it to you via Canada Post. Under the <i>Freedom of Information and Protection of Privacy Act</i> , we have thirty (30) business days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received. We will NOT make any exceptions. Personal information contained on this form is collected under the <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to your request.				
LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> MISS	<input type="checkbox"/> MS.
			<input type="checkbox"/> MRS.	<input type="checkbox"/> MR.
			<input type="checkbox"/> OTHER	
HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, WHAT?				
YOUR ADDRESS				
STREET, APARTMENT NO., P.O. BOX, P.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE	
YOUR TELEPHONE/FAX NUMBER(S)				
DAY PHONE NO. ( )	ALTERNATE PHONE NO. ( )	DAY FAX NO. ( )		
DETAILS OF REQUESTED INFORMATION				
WHAT INFORMATION ARE YOU REQUESTING? (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Please attach a separate sheet if the below is not sufficient.)				
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> 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.				
YOUR SIGNATURE:			DATE SIGNED (Year/Month/Day):	