REQUEST FOR ACCESS TO RECORDS

UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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| **IMPORTANT INFORMATION - PLEASE READ FIRST** |
| **This form MUST be completed in full**   1. **If you are requesting information about yourself, we require a copy of your government issued photo ID (e.g. Driver’s Licence or Passport). No information will be sent to you until we receive your ID.**   ***- A non-refundable application fee of $10 applies to all general FOI requests. This fee must be paid before the request is processed and is payable by cheque. Please note that this fee does NOT apply to personal FOI requests or requests made on behalf of someone else (please refer to bottom of page).***   1. - 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. 2. - Under the *Freedom of* ***Information and Protection of Privacy Act***, 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. However, we **may** make exceptions under urgent circumstances upon request. 3. - 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. |
| **YOUR NAME** |

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| LAST NAME | FIRST NAME | | MIDDLE NAME | | HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, PLEASE INDICATE NAME: | | | |
| **YOUR ADDRESS** | | | | | | | | |
| STREET, APARTMENT NO., P.O. BOX, P.R. NO. | | CITY/TOWN | | PROVINCE/COUNTRY | | | | POSTAL CODE |
| **YOUR CONTACT DETAILS** | | | | | | | | |
| DAY PHONE NO.  ( ) | | ALTERNATE PHONE NO.  ( ) | | | | | E-MAIL ADDRESS: | |
| **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.) | | | | | | | | |
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| ARE YOU REQUESTING ACCESS TO ANOTHER PERSON’S PERSONAL INFORMATION? ☐ YES ☐ NO  IF SO, PLEASE ATTACH AS APPROPRIATE:   1. **that person’s signed consent for disclosure and a copy of their ID, or** 2. **proof of authority to act on that person’s behalf. (e.g. copy of Will, Power of Attorney or other legal documentation)** | | | | | | | | |
| YOUR SIGNATURE: | | | | | | DATE SIGNED (Year/Month/Day): | | |

REVISION DATE: 2022-05-06