



# NEW WESTMINSTER 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 information about yourself, we require a copy of your government issued ID (eg. Drivers licence). No information will be sent to you until we receive your ID.
3. 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.
4. Under the *Freedom of Information and Protection of Privacy Act*, we have thirty (30) 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.
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.

### YOUR NAME

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 _____
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HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, WHAT?

### YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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### YOUR TELEPHONE/FAX NUMBER(S)

DAY PHONE NO. (    )	ALTERNATE PHONE NO. (    )	DAY FAX NO. (    )
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### DETAILS OF REQUESTED INFORMATION

**INFORMATION REQUESTED** (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)

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.

YOUR SIGNATURE	DATE SIGNED
	YR.    MO.    DAY