

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.
2. 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).**
3. 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.
4. 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 INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (YY/MM/DD)
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HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, PLEASE INDICATE:

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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YOUR CONTACT DETAILS

DAY PHONE NO.	ALTERNATE PHONE NO.	E-MAIL ADDRESS:
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DETAILS OF REQUESTED INFORMATION

WHAT INFORMATION ARE YOU REQUESTING? (Please describe the records you are requesting, i.e. police file number or etc. Be as specific as possible as this will assist the request process. Please attach a separate sheet if the below is not sufficient.)

INDICATE YOUR PREFERENCE OF DELIVERY (Please choose only one):

- PICK UP AT NEW WESTMINSTER POLICE DEPARTMENT (ID is required at time of pick up)
 MAILED
 E-MAILED (Security of personal information is not guaranteed)

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, a copy of their ID and a copy of your ID or
- b) 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 (YY/MM/DD)
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