



VICTORIA POLICE DEPARTMENT
REQUEST FOR ACCESS TO RECORDS UNDER THE *FREEDOM OF INFORMATION*
AND PROTECTION OF PRIVACY ACT

IMPORTANT INFORMATION – PLEASE READ FIRST			
THIS FORM MUST BE COMPLETED IN FULL			
<p>1. If you are requesting information about yourself, we require A COPY OF YOUR GOVERNMENT ISSUED IDENTIFICATION (eg. Drivers licence). Due to the nature of our records, no information will be sent to you until we receive a copy of your identification.</p> <p>2. Under the <i>freedom of information and protection of privacy act</i>, we have (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received. We will <u>not</u> make any exceptions.</p> <p>3. 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.</p>			
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_____
IF YOU ARE REQUESTING INFORMATION ABOUT YOURSELF , PLEASE PROVIDE YOUR DATE OF BIRTH: (YR/MO/DAY) _____			
IF YOU HAVE EVER GONE BY A DIFFERENT NAME PLEASE INDICATE THAT NAME USED: _____			
YOUR ADDRESS			
MAILING ADDRESS	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
YOUR TELEPHONE/FAX NUMBERS(S)			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	DAY FAX NO. ()	
DETAILS OF REQUESTED INFORMATION			
FILE NUMBER IF KNOWN:	DATE OF INCIDENT:	LOCATION OF INCIDENT:	
IF YOU CANNOT PROVIDE THE INFORMATION ABOVE, PLEASE USE THE SPACE BELOW TO DESCRIBE THE RECORDS YOU ARE REQUESTING. BE SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. (Please use back of form if more space is required)			
DO YOU REQUIRE A SUMMARY OF THE FILES IDENTIFIED IN YOUR POLICE HISTORY CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF SO, PLEASE PROVIDE A LIST OF VICTORIA POLICE FILE NUMBERS IN THE SPACE ABOVE			
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		PREFERRED METHOD OF ACCESS TO RECORDS <small>Please note: We do not fax our records</small>	
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		<input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY, IF YES; <input type="checkbox"/> BY MAIL <input type="checkbox"/> PICKUP	
		IF YOU DO NOT HAVE A MAILING ADDRESS, PLEASE INDICATE 'PICK-UP'. A RESPONSE TO YOUR REQUEST WILL BE AVAILABLE AT THE FRONT DESK OF THE VICTORIA POLICE DEPARTMENT WITHIN 30 BUSINESS DAYS.	
YOUR SIGNATURE:		DATE SIGNED:	
FOR PUBLIC BODY USE ONLY			
FOI #	DATE RECEIVED	NOTES	