



# VICTORIA POLICE DEPARTMENT

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

### REQUEST FOR ACCESS TO RECORDS

#### 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 IDENTIFICATION** (eg. Drivers license). Due to the nature of our records, **no information will be sent to you until we receive a copy of your identification.**
2. Under the *Freedom of Information and Protection of Privacy Act*, we have (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.
3. Personal information contained on this form is collected under section 26 of 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 _____

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

#### CONTACT INFORMATION

DAY PHONE NO. (       )	ALTERNATE PHONE NO. (       )	EMAIL ADDRESS

#### 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.

---



---



---

DO YOU REQUIRE A SUMMARY OF THE FILES IDENTIFIED IN YOUR POLICE HISTORY CHECK?  Yes  No (if so, please attach a copy)

<p><b>ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>	<p><b>PREFERRED METHOD OF ACCESS TO RECORDS</b>          Please note: We do not fax our records</p> <p><input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY, IF YES; <input type="checkbox"/> BY MAIL <input type="checkbox"/> PICKUP <input type="checkbox"/> EMAIL</p> <p><b>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.</b></p>
--	--

YOUR SIGNATURE:	DATE SIGNED:

#### FOR PUBLIC BODY USE ONLY

FOI #	DATE RECEIVED	NOTES