



ABBOTSFORD 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 (e.g. Driver's Licence). No information will be sent to you until we receive a copy of your identification.
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 or specified email address.
4. Request forms can be sent via email to askfoi@abbypd.ca
5. Under the *Freedom of Information and Protection of Privacy Act*, we have (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received.
6. 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 _____	

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

YOUR ADDRESS

STREET, APT #, PO BOX, RR 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)

POLICE FILE # IF KNOWN:

IF YOU ARE REQUESTING PERSONAL INFORMATION ABOUT YOURSELF, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF BIRTH	DRIVER'S LICENCE NUMBER	PROVINCE
YEAR MONTH DAY		

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	YEAR	MONTH	DAY
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