



PORT MOODY POLICE DEPARTMENT

Request for Access to Records Under the Freedom of Information and Protection of Privacy Act (Electronic Format)

EMAIL COMPLETED FORM AND SCAN OF IDENTIFICATION TO info@portmoodypolice.com

IMPORTANT INFORMATION - PLEASE READ FIRST

1. This form **MUST** be completed in full.
2. If you are requesting records containing information about yourself, we require a copy of your picture government-issued identification (e.g. Driver's licence). No records will be sent to you until we receive a copy of your identification.
3. All requests are processed in the order that they are received. Under the Freedom of Information and Protection of Privacy Act, we have thirty business (30) days to respond to requests for records.
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.

REQUESTER'S INFORMATION

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Other	LAST NAME	FIRST NAME	MIDDLE NAME (OR INITIAL)
APT#/P.O. BOX NO.	STREET ADDRESS		
CITY	PROVINCE/COUNTRY	POSTAL CODE	
PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS	
DATE OF BIRTH (YYYY-MM-DD)	DRIVERS LICENCE NUMBER	PLACE OF ISSUE	

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

DETAILS OF RECORDS REQUESTED

PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING (BE AS DETAILED AS POSSIBLE). IF YOUR REQUEST RELATES TO A SPECIFIC INCIDENT, PLEASE INCLUDE LOCATION, DATE, NAMES OF PEOPLE INVOLVED AND NAME OR IDENTIFICATION NUMBER OF POLICE OFFICERS INVOLVED.

PLEASE PROVIDE ANY REFERENCE OF FILE NUMBER(S), IF KNOWN

OFFICE USE ONLY

SELECT PREFERRED METHOD OF RESPONSE

Canada Post (Regular Mail) ☐

Secure Email (Time-Limited Download) ☐

Personal Pick Up (By Appt Only) ☐

SIGNATURE

YOUR SIGNATURE (Type Name)

DATE SIGNED (YYYY-MM-DD)

GOVERNMENT ID ATTACHED ☐ YES ☐ NO