Delta Police Department

Freedom of Information and Protection of Privacy Request for Access to Records

Delta Police Use Only
Date Received:
Received by:

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** (e.g. Driver's Licence). Due to the nature of our records, no information will be sent to you until we receive a copy of your identification.

2. 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. CHECK ONE:
   ❑ **Mail** ❑ **Pick up Ladner HQ** ❑ **Pick up North Delta Public Safety Building**

3. Under the BC 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. We will **not** make any exceptions.

4. Personal information contained on this form is collected under the BC 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: ❑Ms ❑Miss ❑Mrs ❑Mr ❑Other _____

If you are requesting information about yourself, provide your date of birth: _____
(year/month/day)

If you have ever gone by different name(s) please indicate name(s) used: _____

YOUR ADDRESS

Street Address: City/Town: Province/Country: Postal Code:

YOUR TELEPHONE

Day Phone No: ( ) Alternate Phone No: ( )

DETAILS OF REQUESTED INFORMATION

Describe the records you are requesting and provide a case/file number if know. Be as specific as possible, as this will assist with the request process. Attach a separate sheet if the space below is not sufficient.

Are you requesting access to another person's personal information? ❑Yes ❑ No
If Yes, attach: (a) that person's signed consent for disclosure, or
(b) proof of authority to act on that person's behalf (e.g. Power of Attorney)

Your Signature: Date Signed: