



SAANICH POLICE DEPARTMENT

REQUEST FOR ACCESS TO RECORDS UNDER THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

IMPORTANT INFORMATION - PLEASE READ FIRST

This form **MUST** be completed in full.

Please print and complete this form, then forward it to the SPD - Attn: Information & Privacy OR drop it off at the SPD front counter.

1. We require a copy of your government issued ID (eg. Drivers Licence). No personal information will be sent to you until we receive your ID.
2. We will only FAX copies of police reports under extenuating circumstances. Generally, you may make arrangements to pick up the report or we will send it to you via Canada Post. CHECK ONE: **MAIL** **PICK UP**
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 they are received. However, we may make exceptions under urgent circumstances upon request.
4. Personal information contained on this form is collected under the *BC Freedom of Information and Protection of Privacy Act* and will be maintained within any police record associated to the request.

YOUR NAME

LAST NAME:

FIRST NAME:

MIDDLE NAME:

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 the name previously used: _____

YOUR ADDRESS

STREET, APARTMENT NO., PO BOX,

CITY/TOWN

PROVINCE/COUNTRY

POSTAL CODE

YOUR TELEPHONE / FAX NUMBER(S)

DAY PHONE NO.

ALTERNATE PHONE NO.

DAY FAX NO.

()

()

()

DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED: PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING AND PROVIDE CASE/FILE NUMBERS IF KNOWN. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST WITH THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THERE IS INSUFFICIENT SPACE BELOW.

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 AND COPY OF THEIR ID, OR
(B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF (EG. POWER OF ATTORNEY).

SIGNATURE:

DATE SIGNED: