



LAST NAME APPEARING ON RECORDS <input type="checkbox"/> SAME AS BELOW	
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LAST NAME		FIRST NAME		MIDDLE NAME		SEX	DATE OF BIRTH		Y	Y	M	M	D	D
ADDRESS (NUMBER)		STREET		APT./UNIT		MUNICIPALITY					<input type="checkbox"/> MR. <input type="checkbox"/> MRS.		<input type="checkbox"/> MS <input type="checkbox"/> MISS	
PROVINCE		POSTAL CODE		AREA	TELEPHONE (DAYS)			AREA	TELEPHONE (NIGHTS)					

1. CAN THE SCPS CONTACT THESE INDIVIDUALS TO ASK FOR CONSENT TO RELEASE THEIR PERSONAL INFORMATION? ☐ YES ☐ NO

2. IF YES, DO YOU CONSENT TO SCPS RELEASING **YOUR** IDENTITY TO THE INDIVIDUALS WE CONTACT? ☐ YES ☐ NO

FOR OFFICE USE ONLY			
IDENTIFICATION VERIFIED BY:		EMPLOYEE AND ID #	DATE RECEIVED
REQUEST NUMBER	COMMENTS		

# HOW TO FILL OUT THE F.O.I. APPLICATION FORM

## (Access / Correction Request)

### Did you...

- \* Fill in your date of birth?
- \* Fill in your full name, address and telephone number?
- \* Did you clearly describe what you are asking for?  
You must be specific and tell us what you want. Do you want a copy of a report?  
If so, write it down, don't just describe an incident. List all particulars, i.e. date, time, occurrence number, officer's name & badge number, name of other individuals involved, etc.
- \* Did you read the section starting with "Note"? And did you answer the questions?
- \* Sign the form.
- \* Pay your \$5.00 application fee for each request?

### NOTE:



**You must include your picture and government issued ID (Drivers Licence, Passport) with your request as proof of identity.**

### ADDITIONAL FEES

<i>Photocopying</i>	<i>\$0.20 per page</i>
<i>Search Time</i>	<i>\$7.50 per 15 minutes</i>
<i>Preparation Time</i>	<i>\$7.50 per 15 minutes</i>

Remember, incomplete details on the form or insufficient funds will delay the processing of your request.

Once the application is received, you will hear from the F.O.I. Coordinator within 30 days or up to 90 days when requesting that we contact other individuals. Personal information must be picked up at our service, with proper identification. A further fee may apply at this time. This time frame is legislated by the **Municipal Freedom of Information and Protection of Privacy Act.**

### FOR OFFICE USE ONLY:

*This form is not intended for use by lawyers or insurance companies.*

*For lawyers or insurance companies, the following is required:*

1. *Cover Letter*
2. *Consent of Insured*
3. *Fee*