

Strathroy-Caradoc Police Service

Municipal Freedom of Information and Protection of Privacy Act **ACCESS/CORRECTION REQUEST**

REQUEST FOR:

ACCESS TO OWN PERSONAL INFORMATION

ACCESS TO GENERAL RECORDS

CORRECTION OF OWN PERSONAL INFORMATION

NAME OF INSTITUTION REQUEST MADE TO:

STRATHROY-CARADOC POLICE SERVICE

EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE: CASH, CERTIFIED CHEQUE OR MONEY ORDER MADE PAYABLE TO THE STRATHROY-CARADOC POLICE SERVICE

🗌 NO

LAST NAME APPEARING ON RECORDS SAME AS BELOW

DETAILS

LAST NAME		FIRST NAME	MIDDLE NAME		SEX	DATE OF BIRTH	Y	Y	М	М	DD	
ADDRESS (NUMBER)	STREET		APT./UNIT		MUNICIPALITY					MR. MS] MRS.] MISS
PROVINCE		POSTAL CODE		AREA	TELEPHONE (DAYS)	ARE	а т	ELEPI	HONE	E (NIGH	HTS)	

NOTE: email address MUST be provided:

THE RECORD(S) YOU REQUEST MAY CONTAIN PERSONAL INFORMATION OF INDIVIDUALS OTHER THAN YOURSELF. SUCH PERSONAL INFORMATION CAN ONLY BE RELEASED WITH THE CONSENT OF THOSE INDIVIDUALS. NO NO

1. CAN THE SCPS CONTACT THESE INDIVIDUALS TO ASK FOR CONSENT TO RELEASE THEIR PERSONAL INFORMATION? \Box YES

2. IF YES, DO YOU CONSENT TO SCPS RELEASING YOUR IDENTITY TO THE INDIVIDUALS WE CONTACT? \Box YES

PROVIDE A DETAILED DESCRIPTION OF THE RECORD(S) YOU ARE REQUESTING, INCLI OFFICER'S NAME AND BADGE NUMBER.	UDING: DATES, TYPES OF INCIDENT, LOCATION, INCIDENT NU	MBER, NAM	MES OF	INDIV	IDUA	LS IN	VOLVED,
NOTE: IF YOU ARE REQUESTING A CORRECTION OF PERSONAL INFORMATION, PLEASI	E INDICATE THE DESIRED CORRECTION AND, IF APPROPRIATE, ATTA	CH ANY SUPI	PORTIN	IG DOCI	UMEN	ΤΑΤΙΟΙ	N.
SIGNATURE			Y	Y	М	М	D D
FOR OFFICE USE ONLY							
IDENTIFICATION VERIFIED BY:	EMPLOYEE AND ID #	DATE RECEIVED	Y	Y	М	М	D D

REQUEST NUMBER COMMENTS

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY LEGISLATION AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE FOI COORDINATOR. SCPS FOI 09-08

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, <u>don't just describe an incident.</u> 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

Photocopying	\$0.20 per page				
Search Time	\$7.50 per 15 minutes				
Preparation Time	\$7.50 per 15 minutes				

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 Informa- tion 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