



Strathroy-Caradoc Police Service
299 Frances Street
Strathroy, ON
N7G 4G9

AUTHORIZATION FORM

I, _____, date of birth _____
authorize the Strathroy-Caradoc Police Service to release to _____
any of my personal information requested that is responsive to their Municipal Freedom of
Information and Protection of Privacy Act access request # _____.

I have listed any concerns below.

Concerns/Comments:

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date (YY/MM/DD)	Request Number:	Comments:	Badge/Initials: