



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 _____
the records from my Municipal Freedom of Information and Protection of Privacy Act access
request # _____.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

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