



Strathroy-Caradoc Police Service
299 Frances Street Strathroy, Ontario 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:	IPA Initials:
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