CENTRAL SAANICH POLICE SERVICE

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT
REQUEST FOR INFORMATION

Office Use Only:
□ Photocopy of ID:
□ Received by:
□ Date Received:

IMPORTANT INFORMATION - PLEASE READ FIRST

1. This form is intended as a guideline to assist you in writing your request. Requests in other formats will also be accepted. Upon completion of this form, it can be emailed to foi@cspolice.ca or submitted in-person at 1903 Mt. Newton Cross Rd.
2. If this is a request for *your* personal information, or if your identity is relevant to an assessment of whether you are entitled to someone else's personal information, we must verify your identity. If you submit the request in person, you may present your ID when you attend the police station. For email requests, we ask that you provide a copy of your government issued photo ID (e.g. driver's licence), and a photo of you holding your ID.
3. The *Freedom of Information and Protection of Privacy Act* allow thirty (30) working days (weekends and holidays excluded) to respond to requests for information. Requests are generally processed in the order they are received.
4. This form is not intended for use by corporate requesters, public bodies, government agencies etc. We ask that law firms, insurance companies, etc. use their business letterhead to submit requests made on behalf of clients.
5. Personal information that you submit with your request is collected under the *Freedom of Information and Protection of Privacy Act* and is used for the purpose of responding to your request, and to verify your identity with a photocopy of your ID.

NAME		
LAST NAME	FIRST NAME	MIDDLE NAME(S)
DATE OF BIRTH (Y/M/D)	IF YOU HAVE EVER GONE BY ANOTHER NAME, LIST PREVIOUS NAME(S) HERE	

ADDRESS		
STREET, APARTMENT NO.		
CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

CONTACT INFORMATION	
PHONE NO.	EMAIL ADDRESS (please print clearly)

SPECIFIC DATE, or DATE RANGE:

PLEASE PROVIDE THE INCIDENT NUMBER(S), DATE(S) OF INCIDENT(S), AND A DETAILED DESCRIPTION OF THE RECORDS:

Requested details: **If you require more space, please ask for additional pages*

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? □ YES □ NO
IF YES, PLEASE ATTACH AS APPROPRIATE: a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE
b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF

YOUR SIGNATURE	DATE SIGNED		
	YEAR	MONTH	DAY

** Please send an email to FOI@cspolice.ca once you have submitted your application so we can have your email address on file for confidential communication purposes.