



Complete this form, print, sign and submit in person to:
 Central Saanich Police Service
 1903 Mount Newton Cross Road
 Saanichton, BC V8M 2A9

**FREEDOM OF INFORMATION AND PROTECTION OF
 PRIVACY REQUEST FOR ACCESS TO RECORDS**

If you are requesting information about yourself we require a copy of your government identification.

| | | | |
|---|---|-----------------------|--|
| NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST | | | |
| CENTRAL SAANICH POLICE SERVICE | | | |
| YOUR NAME | | | |
| Last Name (previous last names) | First Name | Middle Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss |
| YOUR ADDRESS | | | |
| Mailing Address- Responses will be mailed within 30 business days | City/Town | Province/Country | Postal Code |
| YOUR TELEPHONE/FAX NUMBER(S) | | | |
| Day Phone No. | Alternate Phone No. | Date of Birth | |
| Email Address | Fax No. | | |
| DETAILS OF REQUESTED INFORMATION | | | |
| FILE NUMBER: | DATE OF INCIDENT: | LOCATION OF INCIDENT: | |
| <p>INFORMATION REQUESTED: PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.</p> | | | |
| <p>Are you requesting access to another person's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If so, please attach, as appropriate:</p> <p>a) That Person's Signed consent for disclosure, or</p> <p>b) Proof of Authority to act on that person's behalf. (I.e. Power of Attorney)</p> | | | |
| Preferred Method of Access to Records | Your Signature | Date Signed | |
| <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy | | Year | Month Day |
| FOR PUBLIC BODY USE ONLY | | | |
| Request Category | Access to Applicant's Personal Information Access to Administrative Information Access to Operational Information | | |
| Verification of Applicant Identity | Date Received (YYYYMMDD) | Received By | |
| <p>YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING. PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.</p> | | | |

