



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

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

CENTRAL SAANICH POLICE SERVICE

YOUR NAME

Last Name First Name Middle Name Mr. Ms. Mrs. Miss

YOUR ADDRESS

Street, Apartment No., PO Box, RR # City/Town Province/Country Postal Code

YOUR TELEPHONE/FAX NUMBER(S)

Day Phone No. Alternate Phone No. Date of Birth Fax No.

DETAILS OF REQUESTED INFORMATION

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. INCLUDE POLICE FILE NUMBER IF KNOWN.

Are you requesting access to another person's personal information? Yes No

- (If so, please attach, as appropriate: a) That Person's Signed consent for disclosure, or b) Proof of Authority to act on that person's behalf. (i.e. Power of Attorney)

Preferred Method of Access to Records: Examine Original, Receive Copy. Your Signature. Date Signed: 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

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.