



Halton Regional Police Service
Authorization for the Release of Personal Information
Pursuant to Municipal Freedom of Information
and Protection of Privacy Act

I, _____ (your name)
_____ (date of birth)
_____ (address)
_____ (phone number)

Authorize the **Halton Regional Police Service** to release to:

_____ (Organization)
_____ (Name of Representative)
_____ (address)
_____ (phone number)

The following information (please identify the records **in detail**):

Signature

Date

Personal information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to process and respond to your request for information contained in our files. Questions about this collection should be directed to the Freedom of Information Coordinator, Halton Regional Police Service, 2485 North Service Road West, Oakville, Ontario L6M 0Y3 Phone (905) 825-4777 ext. 5192.