



Halton Regional Police Service

Access / Correction Request Municipal Freedom of Information and Protection of Privacy Act

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|--|--|------------|-------------|-----------------------------|
| Requester's Last Name | | First Name | Middle Name | Date of Birth dd/mmm/yyyy |
| Home Address include Unit or Apt. #, if applicable | | City/Town | Province | Postal Code |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> | Home Phone | Cell Phone | Email Address |

A \$5.00 application fee must accompany each access request.

If submitting by mail, please address to: FOI Unit, 2485 North Service Rd West, Oakville, Ontario L6M 3H8

Cheques or Money Orders should be made payable to the Halton Regional Police Service

What is your desired method of communication regarding your request? ☐ Email ☐ Telephone

Do you have any concerns with Halton Regional Police Service mailing correspondence to your home address? ☐ Yes ☐ No

☐ Access Request OR ☐ Correction of Personal Information

If you are requesting access to records:

Are you looking for a copy of the police occurrence report? ☐ Yes ☐ No ☐ Other: _____

Occurrence Number (if known): _____

If you do not know the Occurrence Number, provide a description of the requested occurrence or record:

The record(s) you are requesting may contain the personal information of an individual(s) other than yourself or a "third party" (e.g. victim, accused, witness). The personal information of a third party will not be disclosed to you without the consent of the third party if the disclosure is deemed to constitute an unjustified invasion of personal privacy as set out in Section 14 of *MFIPPA*.

If you are requesting a correction of personal information:

Please indicate the desired correction and, if appropriate, attach any supporting documentation:

Additional fees may be applied during the processing of your request.

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|-----------------------|--------------------|
| Requester's Signature | Date dd/mmm/yyyy |
|-----------------------|--------------------|

HRPS Staff: Please ensure ALL fields are filled in below.

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|-----------------------------|------------|--------------------|-----------|---|
| Request and fee received by | Employee # | Date dd/mmm/yyyy | Receipt # | <input type="checkbox"/> Requester's government-issued photo I.D. viewed and photocopied. |
| | | | | Attach photocopy of requester's I.D. to this form. |

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 Unit, Halton Regional Police Service, 2485 North Service Road West, Oakville, Ontario L6M 3H8 (phone: 905-825-4777 ext. 5192).