



**NIAGARA REGIONAL POLICE SERVICE
INFORMATION REQUEST
INFORMATION AND PRIVACY**

AN ADMINISTRATION FEE OF \$5.00 IS REQUIRED FOR ALL REQUESTS

RECEIPT NO: _____

REQUEST: (PLEASE USE ONE OF THE BELOW)

- ACCESS TO GENERAL INFORMATION CORRECTION OF OWN PERSONAL INFORMATION ACCESS TO OWN PERSONAL INFORMATION

NAME & ADDRESS OF APPLICANT: _____

POSTAL CODE: _____ TELEPHONE NUMBER: _____ DATE OF BIRTH: _____
YY MM DD

INDICATE OTHER PERSONS FROM WHOM YOU REQUIRE INFORMATION:

NAME & ADDRESS: _____

POSTAL CODE _____ TELEPHONE NUMBER: _____ DATE OF BIRTH: _____
YY MM DD

(IF YOU HAVE MORE NAMES, PLEASE USE ADDITIONAL PIECE OF PAPER)

**** DESCRIPTION OF INFORMATION REQUIRED BY APPLICANT ****

TYPE OF INCIDENT: (ASSAULT, THEFT, CUSTODY DISPUTE, ETC.) _____ DATE OF OCCURRENCE(S): _____

ADDRESS OF OCCURRENCE: _____
(IF MORE THAN ONE ADDRESS, PLEASE INDICATE)

PLEASE LIST ANY ADDITIONAL INFORMATION WHICH WOULD ASSIST US IN LOCATING THE REQUESTED MATERIAL:

SIGNATURE OF APPLICANT: _____ APPLICATION DATE: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE INFORMATION AND PRIVACY COORDINATOR.