

SAANICH POLICE DEPARTMENT

REQUEST FOR ACCESS TO RECORDS UNDER THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

IMPORTANT INFORMATION - PLEASE READ FIRST	
This form MUST be completed in full.	
Please print and complete this form, then forward it to the SPD - Attn: Information & Privacy OR drop it off at the SPD front counter.	
1.	We require a copy of your government issued ID (eg. Drivers Licence). No personal information will be sent to you until we receive your ID.
2.	We will only FAX copies of police reports under extenuating circumstances. You may make arrangements to pick up the report, have it sent to you via Canada Post, or emailed.
	CHECK ONE: MAIL PICK UP EMAILED
3.	Under the <i>BC Freedom of Information and Protection of Privacy Act</i> , we have (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order they are received. However, we may make exceptions under urgent circumstances upon request.
4.	Personal information contained on this form is collected under the <i>BC Freedom of Information and Protection of Privacy Act</i> and will be maintained within any police record associated to the request.
YOUR NAME	
LAS	ST NAME: MIDDLE NAME:
If you are requesting information about yourself, please provide your Date of Birth: (YR/MO/DAY):	
If you have ever gone by a different name, please indicate the name previously used:	
YOUR ADDRESS	
STF	REET, APARTMENT NO., PO BOX, CITY/TOWN PROVINCE/COUNTRY POSTAL CODE
YOUR TELEPHONE AND/OR EMAIL ADDRESS	
DA	Y PHONE NO. ALTERNATE PHONE NO. EMAIL ADDRESS
	DETAILS OF REQUESTED INFORMATION
INFORMATION REQUESTED: PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING AND PROVIDE CASE/FILE NUMBERS IF KNOWN. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST WITH THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THERE IS INSUFFICIENT SPACE BELOW.	
ARI	E 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 AND COPY OF THEIR ID, OR (B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF (EG. POWER OF ATTORNE	
SIG	GNATURE: DATE SIGNED: