VANCOUVER POLICE DEPARTMENT

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

VPD 9 (03/01)

IMPORTANT INFORMATION - PLEASE READ FIRST

1. This form MUST be completed in full.
2. If you are requesting information about yourself, we require a copy of your government issued ID (eg. Drivers licence). No information will be sent to you until we receive your ID.
3. We do NOT fax copies of police reports. You may make arrangements to pick up the report or we will send it to you via Canada Post.
4. Under the *Freedom of Information and Protection of Privacy Act*, we have thirty (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received. We will NOT make any exceptions.
5. 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.

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	☐ MISS ☐ MS ☐ MRS. ☐ MR. ☐ OTHER _____

HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, WHAT?

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE/FAX NUMBER(S)

DAY PHONE NO.	ALTERNATE PHONE NO.	DAY 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.)

IF YOU ARE REQUESTING PERSONAL INFORMATION ABOUT YOURSELF, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF BIRTH YR	MO	DAY	DRIVER'S LICENCE NUMBER	PROVINCE

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.

YOUR SIGNATURE	DATE SIGNED YR.	MO.	DAY