



VPD 9 (03/01)

VANCOUVER POLICE DEPARTMENT

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

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	<input type="checkbox"/> MISS	<input type="checkbox"/> MS	<input type="checkbox"/> MRS.
			<input type="checkbox"/> MR.	<input type="checkbox"/> 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. ()
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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
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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