



SARNIA POLICE SERVICE

Access/Correction Request

Municipal Freedom of Information and Protection of Privacy Act

Request for:

- Access to General Records
- Access to Own Personal Information
- Correction of Own Personal Information

Name of Institution Request made to:

Sarnia Police Service

A \$5.00 APPLICATION FEE must accompany EACH REQUEST
Additional Fees may be applied as your request is processed

APPLICANT DETAILS:

Last Name:		First Name:		Middle Name:	Date of Birth:
Address (Street/Apt. No./P.O Box No./R.R. No.)			City or Town:	Province:	
Postal Code:	Telephone Number(s):	Email address:			

I wish to receive my product via:

- Electronic results (email) Only one copy of results will be made available, either hard copy *OR* electronic.
- Hard copy results (Canada Post) Please choose accordingly.

PLEASE READ CAREFULLY:

The record(s) you have requested may contain the personal information of individuals other than yourself (e.g. victim, accused, witness). Further to section 21 of the MFIPPA, it may be necessary to notify affected individuals before making a decision on access.

Do you wish us to contact these individuals to try and obtain their consent to disclose their information?

- No -** As I am not requesting access to any other person's information, I understand that information pertaining to other individuals will be removed from the record(s).
- Yes -** As I am requesting access to information that may contain another person's information, I would like you to try to obtain consent from them to disclose their personal information.

If yes, do you consent to our releasing your identity to the noted individuals? Yes: No:

Requestor's Signature: _____

Carefully explain in detail what record(s) you are requesting access/correction to (names of individuals involved, dates, times, location, incident numbers, & badge number). Please be as specific as you can and request a second sheet if required. If you require assistance, please ask.

Preferred method of access to records:	<input type="checkbox"/> Examine Original	Signature: _____	Date: _____
	<input type="checkbox"/> Receive Copy		

SARNIA POLICE USE ONLY

Date Received:	Receipt #	Photo ID checked by	For FOI Analyst Use Only – Request #
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Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Analyst (519) 344-8861 ext. 5288.