



Sarnia Police Service

Access/Correction Request

Municipal Freedom of Information and Protection of Privacy Act

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Name of Institution Request made to: <p style="text-align: center;">Sarnia Police Service</p> A <u>\$5.00 APPLICATION FEE</u> must accompany EACH REQUEST
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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):	Area Code:	Mr. ___ Mrs. ___ Ms. ___ Miss ___

Please Read:
 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 records.

Yes – As you may be requesting access to another person(s)’ information, do you consent to our releasing YOUR identity to the individuals we contact? Yes No

Requestor’s Signature: _____

Carefully explain in detail what record(s) you are requesting access to (names of individuals involved, dates, times, location, incident numbers, officer’s name & 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 <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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Sarnia Police Use Only		
Date received:	Request number:	Identification: