



ST. THOMAS
POLICE SERVICE

Access/Correction Request
Freedom of Information and Protection of Privacy

**THIS FORM MUST BE
PRINTED ON LEGAL
SIZE PAPER**

Access to General Records
Access to own Personal Information
Correction of own Personal Information

SURNAME		GIVEN NAMES		Mr. Ms.	Mrs. Miss
If request is for access to, or correction of, own personal information records: Last name appearing on records: same as above OR =>					
D O B	yy	mm	dd	GENDER	Phone: Day Evening
Address: THIS MUST BE YOUR COMPLETE MAILING ADDRESS					
Number	Street	Apt/Unt	City	Postal Code	

THIS FREEDOM OF INFORMATION REQUEST CAN TAKE UP TO 30 DAYS PROCESS TIME.

Detailed description of requested records, personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please identify the personal information bank or record containing the personal information, if known.)

You are entitled to your OWN information only. The release of personal information of any other parties to the incident will require the third party process as contained in the Act to be followed. Without the consent of the affected persons, all of their personal information, ie. Name, address, date of birth, statement, etc., will be omitted from the released records.

Please provide detailed description of the requested records ie. report, be very specific

Type of Incident: _____ Date of occurrence(s): _____
(Assault, Domestic, Neighbour, Landlord/tenant, custody dispute, etc.)

Address of Occurrence: _____

Please list any additional information which would assist us in locating the requested material. Please describe incident, who was involved, officers attending, incident number, etc.

Do you wish to have the third party procedure done? Third party procedures will apply, process will take 2 to 3 months. (please choose one): Yes No

FOR THIRD PARTY PROCEDURES-The record you request includes the personal information of another person, and where it appears that the release of this information may be an unjustified invasion of that individual's privacy, the institution must notify that person. This process allows the person(s) an opportunity to respond to express any concerns which he/she may have regarding the release of their information to you the requester. Do you consent to the release of your name as REQUESTER to any person who is affected by your request.

Yes No

NOTE: If you are requesting a correction of personal information, please indicate the desired correction and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records Examine Original Receive Copy	Signature:	Date Day	Month	Year
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Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1989 and will be used to disclose personal information only to the person or agency so designated by the written consent of the applicant. Questions about this collection should be directed to the attention of the Chief of Police, St. Thomas Police Service, 45 CASO Crossing, St. Thomas, Ontario, N5R 0G7, (519) 631-1224.