



**St. Thomas
Police Service**
45 Caso Crossing
St. Thomas, ON
519-631-1224

AUTHORIZATION FORM

I, _____, date of birth _____
(Third Party)

authorize the St. Thomas Police Service to release to _____ any of
(Requestor)

my personal information requested that is responsive to their Municipal Freedom of Information and Protection of Privacy Act.

I have listed any concerns below.

Concerns/Comments:

A photo of the third-party holding their ID must be obtained for this form to be processed. See beside photo for reference.

Telephone Number: _____

Signature: _____

Date: _____

