

ACCESS / CORRECTION REQUEST

Municipal Freedom of Information and Protection of Privacy Act

A \$5.00 application fee must accompany all access requests*. The processing of this request will not begin until this fee has been received.

*Body-worn camera footage is available to be purchased outside the Freedom of Information access process. Please use other request form.						
YOUR INFORMATION: To be completed in full by the requester						
LAST NAME				FIRST N	IAME	
DATE OF BIRTH YYYY-MM-DD	EMA	JL				
ADDRESS				PHONE		
CITY/TOWN		PROVINCE		POSTAI	POSTAL CODE	
LAST NAME APPI (LIST IF DIFFERENT F	Same as above					
ACCESS TO RECORDS CONTAINING YOUR OWN PERSONAL INFORMATION OR GENERAL RECORDS: You must identify the specific record(s) requested or provide sufficient detail to enable an employee to identify the record(s).						
ACCESS TO POLICE OCCURRENCE REPORTS IS LIMITED TO PEOPLE INVOLVED IN THE INCIDENT OR THEIR REPRESENTATIVE WITH CONSENT						
Do you want to rec	eive records electronicall	/? Yes	No			•
Please provide report number(s) or specify other below:						
London Police (i.e. st below. (Example: "I и	e report number(s) for the re atistical data, procedures et vould like any police reports	c), please provide related to 123 Ma	e the details and the details	nd timeframe of you don between Jan 1/	r request in 20 and July	the space provided 31/20").
The record(s) you are requesting may contain the personal information of an individual(s) other than yourself. The personal information of a third party (e.g. victim, accused, witness) will not be disclosed to you unless you provide LPS with the written consent of the third party(s).						
CORRECTION OF PERSONAL INFORMATION: Please identify the FOI request you've previously received and specify the desired correction. If appropriate, attach any supporting documentation.						
Signature:				Date:		
	AT ONLY					
FOR POLICE USE ONLY Identification Produced: Employee ID # or initials						