



London Police Service
P.O. Box 3415
London, Ontario
N6A 4K9

AUTHORIZATION FORM

I, _____, date of birth _____
authorize the London Police Service to release to _____
any of my personal information requested that is responsive to their Municipal Freedom
of Information and Protection of Privacy Act access request # _____.

I have listed any concerns below.

Concerns/Comments:

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date (YY/MM/DD)	Request Number:	Comments:	IPA Initials: