



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

AUTHORIZATION FORM

I, _____, date of birth _____
authorize the London Police Service to release to _____
the records from my Municipal Freedom of Information and Protection of Privacy Act
access request # _____.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

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