

ACCESS REQUEST - YOUTH RECORD

INSTITUTION OF REQUEST:

London Police Service - Legal Services 601 Dundas Street P.O. Box 3415 N6A 4K9

Fax: 519-661-5999 legal@londonpolice.ca

DETAILS					
Last Name:		First Name:	Date	of Birth (YY / MM / DD):	Gender: Male Female
Address (Street/Apt. No., P.O. E	ox No., R.R. No.):	City or Town:	1	Province:	Postal Code:
Home Telephone Number:		Cellular Number:		Email Address:	,
Last name appearing o	n records: S	ame as above If last nar	me different, plea	se indicate:	
PLEASE NOTE: All pol Generally, access and					Justice Act (the 'Act'). Her the Act is prohibited .
The Act does provide li by a Judge of a Youth .		ry exemptions to this p	rohibition in spec	fied circumstances	s or where ordered released
					oplication to the CICB, please ill be contacted directly by
Restitution : If your req 80 Dundas Street, Lond		•			ntario Court of Justice at
		sted records and the reason lease note the applicable s		f you believe that you	ur request falls within one of the
Requester's Signature:			Da	te:	
FOR OFFICE USE	ONLY:				
Date (YY / MM / DD) Request	Number: Comme	nts:			

Personal information contained on this form is collected pursuant to Freedom of Information and Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Supervisor at the institute where the request is made.