



METRO VANCOUVER TRANSIT POLICE

REQUEST FOR POLICE REPORT – INFORMATION ACCESS & PRIVACY UNIT

GENERAL OCCURRENCE NUMBER :

IMPORTANT INFORMATION - PLEASE READ FIRST

1. This form **MUST** be completed in full.
2. Please email the **completed form** and **government issued photo ID** to informationaccess@transitpolice.bc.ca, or leave the completed form, along with a copy of your ID with the Front Counter staff. No information will be provided until we have confirmed your identification.
3. Once your report is ready for collection, the staff will contact you with a pick-up date and time (please note, it can take up to 30 days to process a request). **DO NOT** attend the Transit Police Front Counter again until you have been contacted, as your request will not have been processed and therefore your report will not be ready.
4. We do **NOT** fax copies of police reports. If you choose to have the report mailed to you, we will contact you to arrange for payment prior to sending via Canada Post.
5. If you have any questions, please email: informationaccess@transitpolice.bc.ca

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> MISS	<input type="checkbox"/> MS	<input type="checkbox"/> MRS.
			<input type="checkbox"/> MR.	<input type="checkbox"/> OTHER _____	
YEAR	MONTH	DAY	DATE OF BIRTH:		

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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CONTACT DETAIL(S)

DAY PHONE NO. ()	EMAIL ADDRESS
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DETAILS OF REQUESTED INFORMATION

OTHER PERTINENT INFORMATION :

RESPONSE TO BE:

MAILED

PICKED-UP (please choose one)

ARE YOU REQUESTING ANOTHER PERSON'S PERSONAL DETAILS?

YES

NO

IF SO, PLEASE ATTACH AS APPROPRIATE:

- a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.

YOUR SIGNATURE

DATE SIGNED

YR.

MO.

DAY