



**SOUTH COAST BRITISH COLUMBIA  
TRANSPORTATION AUTHORITY  
POLICE SERVICE**

TP Form AZ0300

**REQUEST FOR ACCESS TO RECORDS UNDER THE  
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

**IMPORTANT INFORMATION – PLEASE READ FIRST**

1. This form **MUST** be completed in full.
2. If you are requesting information about yourself, we require a copy of your government issued ID (e.g. Drivers licence).
3. We do **NOT** fax copies of police reports. You may make arrangements to pick up the report or we will send it to you via Canada Post.
4. Under the *Freedom of Information and Protection of Privacy Act*, we have thirty (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received. We will **NOT** make any exceptions.
5. Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.

**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 _____
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**YOUR ADDRESS**

STREET, APARTMENT NO., P.O.BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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**YOUR TELEPHONE NUMBER(S)**

DAY PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS
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**DETAILS OF REQUESTED INFORMATION**

INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)

**POLICE FILE NUMBER (S), IF KNOWN:**

IF YOU ARE REQUESTING PERSONAL INFORMATION ABOUT YOURSELF, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF BIRTH YR   MO   DAY	DRIVER'S LICENCE NUMBER	PROVINCE
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PREVIOUS SURNAME(S)	OTHER NAMES USED/NICKNAMES
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ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?     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
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