SOUTH COAST BRITISH COLUMBIA TRANSPORTATION AUTHORITY POLICE SERVICE

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.
4. Under the *Freedom of Information and Protection of Privacy Act*, we have **thirty (30) business days** 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.
6. You may submit your request and all attachments via email to informationaccess@mvtp.ca, fax it to 604-521-3103 or mail it to: Information Access, Metro Vancouver Transit Police, #300-287 Nelson's Court, New Westminster, BC V3L 0E7.

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	☐ MISS ☐ MS ☐ MRS. ☐ MR. ☐ OTHER _____

YOUR ADDRESS

STREET, APARTMENT NO., P.O.BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE NUMBER(S)

DAY PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS

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:

PREVIOUS SURNAME(S):	OTHER NAMES USED/NICKNAMES:

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? ☐ YES ☐ NO

IF YES, PLEASE ATTACH: A) SIGNED CONSENT OF THAT PERSON, OR
B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF

METHOD OF ACCESS **(SELECT ONE):** ☐ EMAIL ☐ PICK UP (MON TO FRI BETWEEN 0800-1600 EXCLUDING STATUTORY HOLIDAYS)

YOUR SIGNATURE	DATE SIGNED YR	MO	DAY