## **DURHAM REGIONAL POLICE SERVICE**



Access Request

Municipal Freedom Of Information And Protection Of Privacy Act

Note: All access requests must be accompanied by a \$5.00 application fee		
<ul><li>NOTE: The record(s) you have requested may contain personal information of individuals other than yourself (for example, accused, victim, witnesses). Such personal information can only be released with the consent of those individuals.</li><li>1. Do you wish us to contact these individuals to ask for consent to release their personal information?</li></ul>		
2. If your answer is Yes to question 1. above, do you consent to we contact?	o our releasing your i	dentity to the individuals
☐ Yes ☐ No		
Requester's information: (All fields must be completed)		
Name:		Sex: Male Female
Name: surname first name	middle name	
Date of birth: home phone #:		Work #:
YYYY-MM-DD		
Address:		
Street	City/Town	Province Postal Code
Email address:		
How was your name recorded at the time the record was created	ed?	
Same as above As follows:		
Carefully explain what record(s) you are requesting.  Provide the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, income of the following details: date, type of incident, location, incident, location, incident, location, incident, location, incident, location,		
Signature of requester:		Date:YYYY-MM-DD
Request and fee received by::	R	
Receipt #:		I.D. viewed and verified:
Personal information contained on this form is collected pursuant to the <u>Municipal Freedom of Information and Protection Act</u> and will be used for the purpose of responding to your request. Questions about this collection should be directed to: Durham Regional Police Service, Records Unit, Freedom of Information, 605 Rossland Road East, PO Box 911, Whitby, Ontario L1N 0B8, telephone #		

DRP 200A2 revised 2019-07-10

905-579-1520