

Port Hope Police Service

Tim Farquharson Chief of Police

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REQUEST FORM FOR ACCESS TO INFORMATION

(Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, 1989)

PART 1: REQUESTER INFORMATION (Please print)

NAME:			
	(Last Name)	(First Name)	(Second Name)
ADDRESS:			
	(Street Address)		
	(City/Town)	(Province)	(Postal Code)
TELEPHONE:() (Area Code) (Number)		DATE OF BIRTH:	
	(Area Code) (Number)		(Year – Month – Day)
REQUESTE	R'S SIGNATURE:		
IDENTIFIC	ATION:(Type of ID)	(Identifier: Do not rec	cord Health Card or SIN Card #'s)
DATE OF R	EQUEST:		C'D BY:(Method)
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PART 2. TYPE OF INFORMATION REQUESTED: Please check one

Personal:	includes records containing your own personal information and the personal information of others
General:	includes records that contain no personal information (eg: statistical information; list of police incidents etc.)

PART 3. THIRD PARTY INFORMATION

The record(s) you are requesting may contain the personal information of individuals ("third parties") other than yourself (eg: victim, accused, witness etc.). It may be therefore necessary to notify these third parties if the disclosure of their personal information might constitute an unjustified invasion of their personal privacy.

Do you wish us to contact any third parties to obtain their consent to the release of their personal information to you? (If you select "no", their names and personal information will be deleted from your copies.) Please select appropriately. YES NO

If yes, do you consent to the release of your identity to these third parties that we contact? Please select appropriately. YES NO

PART 4. DESCRIPTION OF RECORD(S) REQUESTED:

(Explain in detail what record(s) you are requesting. Please be as specific as possible, including names, dates, location of incident, and officers names, if known)