



West Vancouver Police Department

755 16th Street, West Vancouver, British Columbia V7V 0B8 Telephone 604.925.7300
Fax 604.925.5937 westvanpolice.ca

Freedom of Information and Protection of Privacy Request for Access to Records

WVPD USE ONLY

Date Received:

Received by:

IMPORTANT INFORMATION – PLEASE READ FIRST

- If you are requesting information about yourself, we require a **COPY OF YOUR GOVERNMENT-ISSUED PHOTO IDENTIFICATION** (i.e. Driver's Licence). If you are mailing in your request, please include a clear photocopy of your current government-issued photo identification. Faxed requests are not accepted.
- Indicate your preference of delivery (**please print clearly**):
 - Pick up at West Vancouver Police Department (notification by email)
 Send email notification to: _____
 - By Mail via Canada Post Address as indicated below New/Preferred mailing address: _____
- Under the *BC Freedom of Information and Protection of Privacy Act (FOIPPA)*, we have **30 business days (excluding weekends and holidays)** to respond to requests for information. We process requests in the order they are received.
- Personal information contained on this form is collected under FOIPPA and will be used only for the purpose of responding to your request.

YOUR INFORMATION

Surname:	First Name:	Middle Name:
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If you have changed your name or have previously used another name, please indicate the name(s) used:

If you are requesting personal information about yourself, please provide the following:

Date of Birth (Y/M/D):	Driver's License Number:
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Apt/House No, Street:	City/Town:	Province, Country, Postal Code:
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HOW TO CONTACT YOU

Day Phone No:	Alternate No:
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DETAILS OF REQUESTED INFORMATION

Describe the records you are requesting. Be as specific as possible as this will assist with the request process. Include: date of incident, month, year, type of incident and/or police file number if known. Attach a separate sheet if the space below is not sufficient.

Are you requesting access to another person's information? YES NO

If YES, attach: (a) that person's signed consent for disclosure with a copy of government issued photo ID, or
(b) proof of authority to act on that person's behalf (e.g. Power of Attorney)

Your Signature:	Date:
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