



Delta Police Department

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

Delta Police Use Only

Date Received:

Received by:

IMPORTANT INFORMATION- PLEASE READ FIRST

THIS FORM MUST BE COMPLETED IN FULL

1. If you are **requesting information about yourself**, we require **A COPY OF YOUR GOVERNMENT ISSUED IDENTIFICATION** (e.g. Driver's Licence). Due to the nature of our records, no information will be sent to you until we receive a copy of your identification.
2. Please indicate your preference for delivery of your requested records. CHECK ONE:
 Mail Pick up Ladner HQ Pick up North Delta Public Safety Building
3. Under the BC Freedom of Information and Protection of Privacy Act, we have (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received.
4. Personal information contained on this form is collected under the BC Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

Your Name

Surname: _____ First Name: _____ Middle Name: _____

If you are requesting information about yourself, provide your date of birth: _____
(year/month/day)

If you have ever changed your name please indicate name(s) previously used: _____

Your Address

Street Address: _____ City/Town: _____ Province/Country: _____ Postal Code: _____

Contact Number

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DETAILS OF REQUESTED INFORMATION

Describe the records you are requesting and provide a police incident number, if known. Be as specific as possible, as this will assist with the request process. 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, or
 (b) proof of authority to act on that person's behalf (e.g. Power of Attorney)

Your Signature: _____