



## Delta Police Department

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

**Delta Police Use Only**

Date received:

Received by:

**IMPORTANT INFORMATION – PLEASE READ FIRST**

1. If you are **requesting information about yourself**, we require a **copy of your government-issued photo ID** (e.g. Driver's Licence). No information will be sent to you until we receive your ID.
2. The *Freedom of Information and Protection of Privacy Act* allows us **thirty (30) business days** (excluding weekends and holidays) to respond to requests for records. Requests are generally processed in the order that they are received.
3. Personal information that you submit with your request 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.

**YOUR INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME
If you are requesting information about yourself, please provide the following information:		
DATE OF BIRTH (Year/Month/Day)	PREVIOUS SURNAMES OR OTHER NAMES PREVIOUSLY USED	

**YOUR CONTACT INFORMATION**

STREET ADDRESS, APARTMENT NO., P.O. BOX		
CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
PHONE NO.	EMAIL ADDRESS	

**PREFERRED METHOD OF DELIVERY (SELECT ONE)**

☐ Mail    ☐ Email    ☐ Pick up at Ladner Headquarters    ☐ Pick up at North Delta Public Safety Building

**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 personal information?    ☐ Yes    ☐ No

If yes, please attach: (a) that person's signed consent and their photo ID, or  
(b) proof of authority to act on that person's behalf (e.g. Power of Attorney).

**SIGNATURE**

YOUR SIGNATURE	DATE SIGNED
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