



VANCOUVER POLICE DEPARTMENT
 FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT
 REQUEST FOR INFORMATION

VPD 9 (04)

IMPORTANT INFORMATION - PLEASE READ FIRST

1. Please complete this form in full.
2. Please include a copy of government issued photo ID (e.g. driver's licence) if this is a request for *your* personal information or if your identity is *relevant* to an assessment of whether you are entitled to someone else's personal information. Information will not be sent to you until we verify your identity. *Alternatively* you may present ID at the time of pickup.
3. Report(s) will be sent via Canada Post or can be picked up in person. Reports can be emailed with the understanding that the security of personal information cannot be guaranteed when sent via public systems and email hosting services may have access to your personal information.
4. The *Freedom of Information and Protection of Privacy Act* allows thirty (30) working days (weekends and holidays excluded) to respond to requests for information. Requests are generally processed in the order they are received.
5. Personal information contained on this form 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.

NAME

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH:	Y/M/D
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HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, WHAT?

ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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CONTACT INFORMATION

DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	EMAIL ()
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DETAILS OF REQUESTED INFORMATION

PLEASE PROVIDE THE VPD INCIDENT NUMBER(S) AND/OR A DETAILED DESCRIPTION OF THE RECORDS

RESPONSE TO BE (please choose one): MAILED EMAILED (security of personal information not guaranteed)

PICKED-UP: 2120 CAMBIE ST (8am to 5pm, Sun to Sat)
 3585 GRAVELEY ST (8am to 5pm, Mon to Fri)

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? YES NO

IF YES, PLEASE ATTACH AS APPROPRIATE: a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
 b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.

YOUR SIGNATURE

DATE SIGNED

YR. MO. DAY