



VPD0009 (25)

VANCOUVER POLICE DEPARTMENT

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT  
REQUEST FOR INFORMATION

IMPORTANT INFORMATION - PLEASE READ FIRST		
<p>1. This form is intended as a guideline to assist you in writing your request. Requests in other formats will also be accepted. Upon completion of this form, it can be emailed to <a href="mailto:foi@vpd.ca">foi@vpd.ca</a> or submitted in-person at 2120 Cambie St or 3585 Graveley St, or mailed to: VPD Information &amp; Privacy Unit - 3585 Graveley St. Vancouver, BC. V5K 5J5</p> <p>2. If this is a request for <i>your</i> personal information, or if your identity is relevant to an assessment of whether you are entitled to someone else's personal information, we must verify your identity. If you are submitting the request in person or intend to pick the records up in person, you may present your ID when you attend the police station. For email or mail requests, we ask that you provide a copy of your <b>government issued photo ID</b> (e.g. driver's licence), <u>and</u> a <b>photo of you holding your ID</b>.</p> <p>3. The <i>Freedom of Information and Protection of Privacy Act</i> 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.</p> <p>4. This form is not intended for use by corporate requesters, public bodies, government agencies etc. We ask that law firms, insurance companies, etc. use their business letterhead to submit requests made on behalf of clients.</p> <p>5. Personal information that you submit with your request is collected under the <i>Freedom of Information and Protection of Privacy Act</i> and is used for the purpose of responding to your request, and to verify your identity.</p>		

NAME		
LAST NAME	FIRST NAME	MIDDLE NAME(S)
DATE OF BIRTH (Y/M/D)	IF YOU HAVE EVER GONE BY ANOTHER NAME, LIST PREVIOUS NAME(S) HERE	
ADDRESS		
STREET, APARTMENT NO., P.O. BOX, R.R. NO.		
CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
CONTACT INFORMATION		
PHONE NO.	EMAIL ADDRESS, if applicable (please print clearly)	
ALT PHONE NO.		
DETAILS OF REQUESTED INFORMATION PLEASE PROVIDE THE VPD INCIDENT NUMBER(S) AND/OR A DETAILED DESCRIPTION OF THE RECORDS		
Specific Date, or Date Range:		
<p>HOW WOULD YOU LIKE YOUR RECORDS TO BE DELIVERED TO YOU? (please select ONE of the following options):</p> <p>REGISTERED MAIL (Signature required at time of delivery)</p> <p>ONLINE (a secure link to download the records will be sent to you via email)</p> <p>PICKED UP - 2120 CAMBIE ST (8am to 5pm, 7 days)</p> <p>PICKED UP - 3585 GRAVELEY ST (8am to 5pm, Mon to Fri)</p>		
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 YEAR                      MONTH                      DAY