yrp b&w crest

## MUNICIPAL FREEDOM OF INFORMATION

## AND PROTECTION OF PRIVACY ACT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **THERE IS A MANDATORY FEE of $5.00 THAT *MUST* ACCOMPANY ALL REQUESTS** | | | | | | | | | | | |  |
| Request for: | | | | | | **Name of Institution to which request is made:** | | | | | | | | |
|  | | | | | |  | | | | | | | | |
|  | Access to General Records | | | | | **York Regional Police** | | | | | | | | |
|  | Access to Own Personal Information | | | | |  | | | | | | | | |
|  | Correction of Personal Information | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| If request is for **access to**, or **correction of**, your own personal information records: | | | | | | | | | | | | | | |
| Last name appearing on records: Same as below | | | | |  | **or:** | |  | | | | | | |
| Last Name: | |  | | | | | |  | | | | | | |
| First Name: | |  | | | | Middle name: | | | | |  | | | |
|  | | | | | |  |  | | | | |  |  | |
| Address (Street / Apt. No. / P.O.Box No. / R.R No.) | | | | | |  | City/Town | | | | |  | Province | |
|  | | |  |  | | | | |  |  | | | | |
| Postal Code | | | Date of Birth | Phone No: | | | | |  | Email: | | | | |
|  | | | | | | | | | | | | | | |
| Detailed description of the requested records, personal information or personal information to be corrected. If you are requesting access to, or correction of, your personal information please identify the personal information bank or record, containing information, if known. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Note:** If you are requesting a correction of personal information, please indicate the desired correction date and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement or disagreement be attached to your personal information. | | | | | | | |
|  | | | | | | | |
| Preferred method of access to records: | | | Email | | Mail | | Pick-Up |
|  | | | |  |  | | |
| Signature | | | |  | Date | | |
| **FOR INSTITUTION USE ONLY** | | | | | | | |
| Date Received: (ddmmyy): | |  | Request Number: | | |  | |
| Comments: |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Personal information contained on this form is collected pursuant to the Municipal Freedom of Information of Privacy Act, and will be used for the purpose of responding to your request. Questions about this collection should be directed to York Regional Police, 47 Don Hillock Drive, Aurora, Ontario L4G 0S7: Attention Freedom of Information Office. Tel: (905) 830-0303, extension 6740. | | | | | | | |