



# OWEN SOUND POLICE SERVICE

Access/Correction Request  
Municipal Freedom of Information and Protection of Privacy Act

www.owensoundpolice.com

|  |             |  |                |
|--|-------------|--|----------------|
| <b>Request for:</b>  |             | Name of Institution Request made to:   |                |
| Access to General Records  |             | <b>Owen Sound Police Service</b>   |                |
| Access to Own Personal Information   |             | <b>NOTE: A \$5.00 non-refundable fee is due upon submission of this form</b> |                |
| Correction of Own Personal Information   |             |  |                |
| <b>DETAILS</b>   |             |  |                |
| LAST NAME:   | FIRST NAME: | MIDDLE NAME:   | DATE OF BIRTH: |
| ADDRESS: (Including Unit/Apt Number, Street Name, etc., City/Town)   |             |  |                |
| POSTAL CODE:   |             | PROVINCE:  |                |
| TELEPHONE NUMBERS:   |             | EMAIL:   |                |
| <b>NOTE:</b><br>The record(s) you have requested may contain person information of individuals other than yourself. (E.g. victims, witnesses, accused). Further to Section 21 of the MFIPPA, it may be necessary to notify affected individuals before deciding on access.<br>Do you wish us to contact these individuals to try and obtain consent to disclose their information? |             |  |                |
| <b>No:</b> As I am not requesting access to any other person's information. I understand that information pertaining to other individuals will be removed from the record(s)   |             |  |                |
| <b>Yes:</b> As you may be requesting another person(s) information, do you consent to the Owen Sound Police Service releasing <b>YOUR</b> identity to the individuals we contact?<br>Yes      No   |             |  |                |
| Requestors signature:  |             |  |                |
| CAREFULLY EXPLAIN IN DETAIL WHAT RECORD(S) YOU ARE REQUESTING ACCESS TO<br>(NAMES OF INDIVIDUALS INVOLVED, DATES, TIMES, LOCATION, INCIDENT NUMBERS, OFFICERS NAME/BADGE NUMBER)<br><b>PLEASE BE AS SPECIFIC AS YOU CAN.</b>   |             |  |                |
|  |             |  |                |
|  |             |  |                |
|  |             |  |                |
|  |             |  |                |
|  |             |  |                |
|  |             |  |                |
|  |             |  |                |
|  |             |  |                |
| SIGNATURE:   |             | DATE:  |                |
| <b>POLICE USE ONLY:</b>  |             |  |                |
| RECEIVED BY:   |             | DATE RECEIVED:   |                |