



**Waterloo Regional
Police Service**
"People Helping People"

Access/Correction Request

Municipal Freedom of Information and Protection of Privacy Act

Please PRINT

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Please Note:

- A \$5.00 application fee is required for all requests. Additional processing fees may apply.
- This Access/Correction Request will be processed in accordance with the time lines set out in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Regulations. The time line to respond to your inquiry begins with the receipt of the \$5.00 application fee.

PART A: To be completed in full by the Requester

<p>Request for:</p> <p><input type="checkbox"/> Access to General Records</p> <p><input type="checkbox"/> Access to Own Personal Information</p> <p><input type="checkbox"/> Correction to Own Personal Information</p>	<p>Name of Institution request made to:</p> <p>Access to Information Unit Waterloo Regional Police Service PO Box 3070 200 Maple Grove Road Cambridge, ON N3H 5M1</p>
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If request is for **access to**, or **correction of**, own personal records:
The last name appearing on the records is Same as below or _____

Name	Last Name	First Name	Middle Name
Date of Birth	YY MM DD	Contact Telephone Number	Can a message be left at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Number/Unit Street	City	Province Postal Code

Detailed description of requested records, personal information or correction of personal information:
(If request is for correction of personal information, please indicate the desired correction and attach any supporting documentation)

The record(s) you requested may contain the personal information of individuals other than yourself.
Do you wish these individuals be contacted to try and obtain their consent to disclose their information? Yes No
If yes, do you consent to our releasing YOUR identity to the individuals we contact? Yes No
(You are not required to release your identity under MFIPPA)

<p>Preferred method of access to records:</p> <p><input type="checkbox"/> Pick-up</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Examine Originals (on-site only)</p>	<p>Signature: _____</p>	<p>Date (YY/MM/DD)</p>
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Personal information contained on this form is collected under section 17 of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to respond to your request. Questions about this collection should be directed to the Access to Information Unit at 519-653-7700 extensions 8514 or email foi@wrps.on.ca. Please visit www.wrps.on.ca for more information.

PART B: FOR POLICE USE ONLY

<input type="checkbox"/> \$5.00 Application Fee Received by:	Date Received (YY/MM/DD)	Request Number	Comments
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