Niagara Regional Police Service

Municipal Freedom of Information and Protection of Privacy Act

ACCESS / CORRECTION REQUEST

Request for:	NAME OF INSTITUTION REQUEST MADE TO:
☐ ACCESS TO OWN PERSONAL INFORMATION ☐ ACCESS TO GENERAL INFORMATION ☐ CORRECTION OF OWN PERSONAL INFORMATION Each separate request must be accompanied by the $5.00 application fee. Additional processing fees may apply	NIAGARA REGIONAL POLICE SERVICE 5700 VALLEY WAY NIAGARA FALLS, ON, L2E 1X8

PART A:

LAST NAME APPEARING ON RECORDS ☐ SAME AS BELOW	

DETAILS

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DATE OF BIRTH

ADDRESS(NUMBER)	STREET	APT./UNIT	MUNICIPALITY

PROVINCE	POSTAL CODE	TELEPHONE(DAYS)	TELEPHONE(NIGHTS)

PROVIDE A DETAILED DESCRIPTION OF THE RECORD(S) YOU ARE REQUESTING, INCLUDING: DATES, TYPES OF INCIDENT, LOCATION, INCIDENT NUMBER, NAMES OF INDIVIDUALS INVOLVED, OFFICER'S NAME AND BADGE NUMBER.

The record(s) you have requested may contain the personal information of individuals other than yourself (eg. Victim accused, witness). Further, to section 21 of the MFIPPA, it may be necessary to notify affected individuals before making a decision on access.

Do you wish us to contact these individuals 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**

NOTE: IF YOU ARE REQUESTING A CORRECTION OF PERSONAL INFORMATION, PLEASE INDICATE THE DESIRED CORRECTION AND, IF APPROPRIATE, ATTACH ANY SUPPORTING DOCUMENTATION. YOU WILL BE NOTIFIED IF THE CORRECTION IS NOT MADE AND YOU MAY REQUIRE THAT A STATEMENT OF DISAGREEMENT BE ATTACHED TO YOUR PERSONAL INFORMATION.

SIGNATURE	DATE

PART B:

For Office Use Only		
Identification verified by	Employee	Date Received
Request Number	Comments	

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI Coordinator.