



ACCESS TO INFORMATION REQUEST Local Authority Freedom of Information and Protection of Privacy

(Please Print)

Applicant Information

Last Name		First Name	
Address		City/Town	Province
Postal Code	Telephone (Residence)	Telephone (Work)	Facsimile

Details of Requested Information

General Information Request <input type="checkbox"/> Personal Information Request <input type="checkbox"/>	
Moose Jaw Police Service	
Name of Record (<i>if known</i>)	
Detailed Description of Record:	

A \$20 application fee (cash, debit or money order payable to “Moose Jaw Police Service” preferred, cheques are not accepted) must accompany all requests. The processing of this request will not begin until this fee has been received.

I understand that there may be a processing fee to process this request and that, prior to receiving access to the records that I have requested, I am required to pay that fee unless it is waived.

Check if requesting waiver of processing fee:

I request that payment of the processing fee related to this request be waived because payment will cause me substantial financial hardship. Details are as follows: (Use reverse of form if additional space is required.)

Personal information contained on this form is collected pursuant to *The Local Authority 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 Moose Jaw Police Service LAFOIP Coordinator.

X

Signature of Applicant

For Office Use Only			
Date Received _____	Received By _____	Badge No. _____	
Applicant Identity Confirmed	Yes <input type="checkbox"/>	(Type _____) No <input type="checkbox"/>	
Application Fee Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	