



MEDICINE HAT POLICE SERVICE
REQUEST TO ACCESS INFORMATION

Personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act, Section 7, and will be used to respond to your request. For more information, contact the FOIP Office at 403-502-8916.

ABOUT YOU (Please Print)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name	First Name	Middle Name
Date of Birth Year Month Day	Company Name (if Applicable)		
Mailing Address			
City	Province	Postal Code	
Daytime Telephone Number ()	Evening Telephone Number ()	Email Address	

ABOUT YOUR REQUEST

What type of information are you requesting access to?

General Information (please attach the initial fee of \$25.00**)

 Personal Information (no initial fee required for personal information)

Do you want to receive a copy of the record receive an email copy of the record **OR** examine the record?

ABOUT THE INFORMATION THAT YOU WISH TO ACCESS

What records do you want to access? Please give as much detail as possible. (If you want access to your personal information, provide any previous names that you may have used.) For another person's information (3rd party), you must attach proof that you are legally acting for that person. If you need more space, attach a separate sheet of paper. Please feel free to consult with the FOIP coordinator about your request to ensure you receive the records you are looking for.

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What is the time period of the records? Provide dates and be as specific as possible (see reverse for details).

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YOUR SIGNATURE

Signature	Date Year Month Day
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FOR FOIP OFFICE USE ONLY

Assigned to:	File Number	Date Received	Initial Due Date
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**** Cheque should be made payable to the Medicine Hat Police Service**

HOW TO COMPLETE THE FORM

You can request access to many of the Medicine Hat Police Service records without making a request under the *Freedom of Information and Protection of Privacy Act*. To determine whether you need to make a request under the Act, or if you need help completing the form, contact the Freedom of Information and Protection of Privacy office at the location noted below.

ABOUT YOU

Check the title by which you prefer to be addressed and enter your last, first and middle names. Then enter the name of the company or organization that you are representing, if applicable. Enter your complete mailing address, daytime, and evening telephone numbers. The Medicine Hat Police Service may need to contact you should we have any questions about your request.

ABOUT YOUR REQUEST

What kind of information are you requesting? Indicate whether you are requesting *general* or *personal* information.

General Information: If you are making a request for general information, there will be an initial fee of \$25. You will be provided with an estimate of how much your request will cost before processing begins. If the total cost of processing your request is more than \$150, you will be required to pay a 50% deposit. The records will be provided when the fee is paid in full.

Fees can be paid;

- In cash
- By cheque or money order payable to the Medicine Hat Police Service

Personal Information: If you are requesting records containing your personal information, you will have to provide proof of your identity before the records are released to you. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee, or that you have power of attorney for that person. There is no fee for accessing personal information unless the cost of producing copies is more than \$10. In these cases, you will be notified of the fee.

If you are making a continuing request (the same request processed repeatedly at pre-determined time intervals over a period of up to two years), you should contact the Medicine Hat Police Service, Freedom of Information and Protection of Privacy Coordinator. The initial fee is \$50 and you must pay any additional costs when the information becomes available.

Do you want to either receive a copy of the record or examine the record? Check the appropriate box.

ABOUT THE INFORMATION THAT YOU WANT TO ACCESS

What information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the faster it can be answered. If you need more space, continue your description on a separate sheet of paper and attach it to this request form.

If you are requesting your own personal information, be sure you provide:

- your full name,
- your date of birth,
- any other names that you have previously used, and
- any identifying number that relates to the records, such as your employee number or case file number, etc.

If you are requesting another person's information, please provide:

- the person's full name,
- the person's date of birth,
- any other names that person may have used, and
- any identifying numbers for the person, if you know them.

Enter the time period of the requested records. For example, if you are requesting records for the period from January 1, 1993 to August 31, 1994, enter those dates in the space provided. If you want records from August, 1996 to present, enter "August, 1996 to present."

YOUR SIGNATURE

Sign and date the form and leave it for the Medicine Hat Police Service, Freedom of Information and Protection of Privacy Coordinator, located at 884, 2nd Street S.E., Medicine Hat, Alberta T1A 8H2