



## LETHBRIDGE POLICE SERVICE REQUEST TO ACCESS INFORMATION

Please read the form carefully, and complete all applicable fields, you are responsible to review all pages and sign page two (2) of the form. Be sure that you provide your full name, any other names that you have previously used. If you are requesting records for another person (third - party), you will have to provide proof that you have legal authority to act for that person, additional documentation and explanatory records may be required. Personal information on this form is collected under Alberta's *Protection of Privacy Act* and will be used to respond to your request.

| ABOUT YOU (PLEASE PRINT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |             |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|--------------------------------|
| Surname/Family Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | First Name  | Middle Initial                 |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Company Name (if applicable) |             |                                |
| Mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |             |                                |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Province                     | Postal Code |                                |
| Daytime Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Email Address                |             |                                |
| ABOUT YOUR REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |             |                                |
| <b>What kind of information are you requesting?</b> Choose one (page 2 must be reviewed, all required documentation must accompany your request at submission)                                                                                                                                                                                                                                                                                                                                                                                         |                              |             |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |             |                                |
| <b>How do you want to receive the records?</b> Choose one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |             |                                |
| <b>What records do you want to access?</b><br>Please provide as much detail as possible. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form. If you are requesting your own personal information, please be sure that you provide: <b>your full name, any other names</b> that you have previously used, and if you are requesting records for another person (3 <sup>rd</sup> party), <b>you will have to provide proof that you have the authority to act for that person.</b> |                              |             |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |             |                                |
| <b>What is the time period of the records?</b> Please give specific dates. (see reverse for details)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |             |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |             |                                |
| YOU MUST READ AND SIGN PAGE TWO (2) OF THE FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |             |                                |
| For Office Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |             |                                |
| Verified by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | Date:       | Payment Method (if applicable) |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Comments                     | APU File    |                                |



## How to Complete the Form

You can request access to many of the Lethbridge Police Service records without making a request under the *Access to Information Act (ATIA)*. To determine whether you need to make a request under ATIA, or if you need help completing the form, contact Lethbridge Police Service Access and Privacy Unit, FOIPPArequest@lethbridgpolice.ca, (403) 330-5059.

### **About You:**

In this part of the form enter:

- Your last name, first name and preferred title, if any;
- The name of the company or organization you are representing, if applicable;
- Your complete mailing address and daytime and evening telephone numbers so that the public body can contact you about the request;

### **About Your Request:**

**What kind of information do you want to access?** Check general or personal information.

**General information:** Information other than personal information. For example, it would include information about a third party.

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.

**Personal information:** Your own personal information or the personal information of an individual you are entitled to represent.

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 the person. There is no fee for accessing personal information unless the cost of producing the copies is more than \$10. In these cases, you will be notified of the fee.

**Continuing request:** The same request that is processed repeatedly at pre-determined time intervals over a period of up to 2 years.

If you are making a continuing request contact the Information Specialist for the Lethbridge Regional Police Service. There will be an initial fee of \$50 and applicants must pay any additional costs as the information becomes available.

**How do you want to receive the records?** Check the appropriate box.

### **About The Information That You Wish To Access:**

**What information are you requesting?** Be as specific as possible in describing the record(s). If you need more space, continue your description on a separate sheet of paper and attach it to this request form.

If requesting your own personal information, give:

- Your full name;
- Any other names that you have previously used; and
- Any identifying number that relates to the records, such as your employee number, case number or other identification number.

**If requesting another person's information, give:**

- The person's full name;
- Any other name that person may have used on the records; and
- Any identifying numbers for the person, if you know them.

**If you are requesting records for another person, you will have to provide proof that you have authority to act for that person.**

- **Parents** must provide proof of parentage documentation, including any active court orders, detailed description of records sought after, AND explanation of how disclosure is in best interest.
- **Guardians/Trustees** must provide court appointment records, detailed description of records sought after, AND explanation of how disclosure is related to appointed guardian/trustee duties.
- **Deceased Access**
  - Next of Kin requestor, must provide documentation proving relationship to deceased, explanation for context as to why records are being requested
  - Administrator of estate, must submit a grant of probate or letters of administration proving authority to administer the estate, detailed description of records sought after, AND explanation of how disclosure is related to the administration of the estate.

**What is the time period of the records?** Enter the specific dates or date ranges of the records you want to access.

### **Your Signature:**

Sign and Date the form. Submit the completed form and the initial fee, if applicable, Lethbridge Police Service, 135 1 Avenue S, Lethbridge, Alberta T1J 0A1.

### **Your Signature**

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|