

Lethbridge Police Service Request for LPS Files

Request form must be completed in <u>FULL</u> before your request will be accepted. Please print clearly completing <u>ALL</u> fields. If the field is not applicable to you please use N/A.

The Personal Information on this form will be collected and shared pursuant to the *Protection of Privacy Act* (POPA) and any other legal requirements where they are consistent with POPA. Any questions regarding the collection and use of information can be directed to the Access and Privacy Unit at routinerequest@lethbridgepolice.ca. For general enquiries and questions related to the LPS Routine Request for Information Process, please visit our website at www.lethbridgepolice.ca or contact the Access and Privacy Unit at routinerequest@lethbridgepolice.ca

All Requests MUST Include:

• Proof of identity is required. Submission of one (1) piece of government issued picture identification is required.

If you are making a records request on behalf of another person you are required to provide; a) The Authorization to Release signed by the person with a copy of the persons government issued picture identificatio, or; b) documented proof of authority to act on that persons behalf. Further requirements may be applicable pursuant to the FOIP Act.

· Payment may be made through cash, debit, certified cheque, or money order. The LPS will NOT accept personal checques.

You are Requesting Own Witness Statement

"Drivers copy" of a collision report Free of Charge

Routine Request for Information (Full Collision report, disclosable file reports OR \$57.75 (inclusive of all applicable taxes) per occurrence

Confirmation Letter is file is active before the courts of still under investigation)

Production of Multimedia

\$55 (inclusive of all applicable taxes) per media file

Photobook

Video

Audio (Excluding witness statements)
Collision Technical Reports
Copy of Certificate of Analysis

routinerequest@lethbridgepolice.ca

\$20 (inclusive of all applicable taxes) per occurrence

Part 1 - Requestor Information (Please Print Clearly)		
Surname/Family Name Date of Birth YYYY-MM-DD	Given Name Company Name (If Applicable)	Middle Name
Daytime Phone	Email	
Mailing Address		
City	Province	Postal Code
Part 2 - LPS Occurrence Details		
Occurrence/File No.	Type of Occurrence	
Date and Time YYYY-MM-DD	Location	
Invovlement in Occurrence		
COLLISIONS ONLY (If you were a passenger provide the name of the vehicle driver)		
Part 3 - Occurrence Description (please be specific)		
Part 4 - Reason for Request		
Part 5 - Signature		
As signatory, I certify the accuracy of the provided information and agree to the terms of service dictating services are rendered once processing begins.		
Signature of Applicant		Date YYYY-MM-DD
Jignature of Applicant		