



REQUEST FOR GENERAL OCCURRENCE REPORTS, MOTOR VEHICLE COLLISION REPORTS, OFFICER NOTEBOOK NOTES, WITNESS STATEMENTS, AND DIGITAL RECORDINGS

REQUEST FOR ACCESS TO:	NAME OF INSTITUTION REQUEST MADE TO:
<input type="checkbox"/> GENERAL OCCURRENCE REPORTS	<h2 style="margin: 0;">OWEN SOUND POLICE SERVICE</h2>
<input type="checkbox"/> MOTOR VEHICLE COLLISION REPORTS	
<input type="checkbox"/> OFFICER NOTEBOOK NOTES	
<input type="checkbox"/> WITNESS STATEMENTS	
<input type="checkbox"/> DIGITAL RECORDING (PHOTOS, VIDEOS, AUDIO)	

LAST NAME: _____	FIRST NAME: _____	
MIDDLE NAME: _____	DATE OF BIRTH: _____	GENDER: _____
FULL MAILING ADDRESS: <small>(INCLUDING HOUSE NUMBER, STREET NAME, CITY, PROVINCE AND POSTAL CODE)</small>		
PREFERRED TELEPHONE NUMBER: _____		

PLEASE PROVIDE SUFFICIENT DETAILS TO ENABLE AN EMPLOYEE TO IDENTIFY AND LOCATE THE RECORD(S) BY IDENTIFYING AN OCCURRENCE NUMBER, OCCURRENCE TYPE, OCCURRENCE DATE, INVESTIGATING OFFICER AND INVOLVED PARTIES

PREFERRED METHOD OF ACCESS TO RECORDS	MAIL PICK-UP	SIGNATURE _____	DATE: _____
DUE TO CONFIDENTIALITY, EMAIL IS NOT AN OPTION			

FOR POLICE USE ONLY:	
IDENTIFICATION PRODUCED _____	DATE OF BIRTH _____
PAYMENT RECEIVED BY (INITIALS AND BADGE NO.) _____	DATE RECEIVED: _____

A \$50 NON REFUNDABLE FEE APPLIES UPON APPLICATION