

REQUEST FOR GENERAL OCCURRENCE REPORTS, MOTOR VEHICLE COLLISION REPORTS, OFFICER NOTEBOOK NOTES,

WITNESS STATEMENTS, AND DIGITAL RECORDINGS

REQUEST FOR ACCESS TO:			
GENERAL OCCURRENCE REPORTS			
MOTOR VEHICLE COLLISION REPORTS			
OFFICER NOTEBOOK NOTES			
WITNESS STATEMENTS			
DIGITAL RECORDING (PHOTOS, VIDEOS, AUDIO)			

NAME OF INSTITUTION REQUEST MADE TO:

OWEN SOUND POLICE SERVICE

LAST NAME:		FIRST NAME:			
		I PAD.			
MIDDLE NAME:		DATE OF BIRTH:	GENDER:		
FULL MAILING ADDRESS:					
(INCLUDING HOUSE NUMBER, STREET NA PREFERRED TELEPHONE NI					
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	MAIL	SIGNATURE	DATE:		
OF ACCESS TO RECORDS	PICK-UP				
DUE TO CONFIDENTIALITY	, EMAIL IS NOT AN OPTION	SEV			
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

Personal Information contained on this form is collected pursuant to the *Municipal 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 MANAGER OF RECORDS AT 519-376-1234 X 268 OR IN PERSON AT 922 2ND AVENUE WEST, OWEN SOUND