



Municipal Freedom of Information and Protection of Privacy Act

The following information is a brief explanation of the process for submitting a Freedom of Information request to the St. Thomas Police Service. *For more information, please refer to the Municipal Freedom of Information and Protection of Privacy Act.*

1. Freedom of Information request forms are available online (see below) or at St. Thomas Police Service headquarters, 30 St. Catharine Street, St. Thomas.
2. Photo Identification must be presented.
3. A standard \$5.00 application fee applies. Payment can be made using cash, Visa or debit card.
4. Requests can be made for either personal or general information.
5. Requests can take 30 - 90 days to process, as per Freedom of Information legislation.
6. Further fees may apply (i.e. photocopying, search time, preparation time, dvd's, etc).
7. You have 30 days to pick up the documents once the file is completed; then it is closed.

Freedom of Information requests will ONLY be conducted during regular business hours, Monday through Friday – 8 a.m. to 4 p.m. The business office remains open during lunch hours.

** Please note that you are entitled to your **OWN** information only. The release of personal information of **any** other parties involved in the incident will be omitted unless you request the **third party process**, (see paragraph below for an explanation of this process) as contained in the Act, to be followed. Without the consent of the affected persons, all of their personal information (i.e. name, address, date of birth, statement, etc.) will be omitted from the released records. **

** **Third Party Process** – When a Freedom of Information application is made where the applicant is requesting personal details of another person, the third party process must be done. This involves the St. Thomas Police Service trying to obtain consent from the affected parties in order for their information to be released to the applicant. Should we not receive consent; the information will be omitted from the documentation. **



- Access to General Records
- Access to own Personal Information
- Correction of own Personal Information

SURNAME	GIVEN NAMES	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
		<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
If request is for access to, or correction of, own personal information records: Last name appearing on records: π same as above OR ⇒			
D yy mm dd	SEX	Phone:	
O		Day Evening	
Address:			
Number	Street	Apt/Unt	Municipality Postal Code

THIS FREEDOM OF INFORMATION REQUEST CAN TAKE UP TO 30 DAYS PROCESS TIME.

Detailed description of requested records, personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please identify the personal information bank or record containing the personal information, if known.)
You are entitled to your OWN information only. The release of personal information of any other parties to the incident will require the third party process as contained in the Act to be followed. Without the consent of the affected persons, all of their personal information, ie. Name, address, date of birth, statement, etc., will be omitted from the released records.

Please be very specific

- Copies of Reports
- Copies of Officer’s Notes (If incidents are non-reportable)
- Copies of Officer’s Notes (Where a written report is also available)
- Copy of Incident Details Screen
- Copies of witness statements (Third Party Procedures will apply, process will take 2 to 3 months) This means that we will be sending a letter to the other people involved in the incident(s) requested.

Do you wish to have the third party procedure done (please circle one): YES NO

**** If you do not circle one, it will be assumed that you DO NOT want to proceed with the third party procedure ****

FOR THIRD PARTY PROCEDURES-The record you request includes the personal information of another person, and where it appears that the release of this information may be an unjustified invasion of that individual’s privacy, the institution must notify that person. This process allows the person(s) an opportunity to respond to express any concerns which he/she may have regarding the release of their information to you the requester. Do you consent to the release of your name as REQUESTER to any person who is affected by your request.

Yes No

Other – Specify _____

Please describe incident, where it occurred, when, who was involved, officers attending, incident number, etc.

NOTE: If you are requesting a correction of personal information, please indicate the desired correction and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records	Signature:	Date		
π Examine Original		Day	Month	Year
π Receive Copy		ξ		ξ
		ξ		ξ

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1989 and will be used to disclose personal information only to the person or agency so designated by the written consent of the applicant. Questions about this collection should be directed to the attention of the Chief of Police, St. Thomas Police Service, 30 St. Catharine Street, St. Thomas, Ontario, N5P 2V8, (519) 631-1224.