



## **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, 45 CASO Crossing, 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. \*\*



**ST. THOMAS  
POLICE SERVICE**

**Access/Correction Request  
Freedom of Information and Protection of Privacy**

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

SURNAME	GIVEN NAMES	Mr. Ms.	Mrs. Miss
If request is for access to, or correction of, own personal information records: Last name appearing on records: same as above OR =>			
D          yy          mm          dd O B	GENDER	Phone:	
		Day	Evening
Address: Number          Street          Apt/Unt          City          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 provide detailed description of the requested records, be very specific

Type of Incident: \_\_\_\_\_ Date of occurrence(s): \_\_\_\_\_  
(Assault, Domestic, Neighbour, Landlord/tenant, custody dispute, etc.)

Address of Occurrence: \_\_\_\_\_

Please list any additional information which would assist us in locating the requested material. Please describe incident, who was involved, officers attending, incident number, etc.

Do you wish to have the third party procedure done? Third party procedures will apply, process will take 2 to 3 months. (please choose one):          Yes          No

**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

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 Examine Original Receive Copy	Signature:	Date Day          Month          Year
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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, 45 CASO Crossing, St. Thomas, Ontario, N5R 0G7, (519) 631-1224.