



**REQUEST FOR ACCESS TO RECORDS**  
**Under the Freedom of Information and**  
**Protection of Privacy Act**

**IMPORTANT INFORMATION – PLEASE READ FIRST**

1. This form must be completed in full.
2. If you are requesting information about yourself, we require a copy of government-issued identification (e.g. driver's licence).
3. Effective January 1, 2022 a non-refundable application fee of \$10 is required for all general FOI requests. Your request will not be processed until payment is received. Upon receipt of your request, you will receive a letter of acknowledgement with an invoice and instructions on how to proceed with fee payment.
4. There are no fees for making an FOI request for your own personal information or for someone you have proof of authority or signed consent for disclosure.
5. Under the *Freedom of Information and Protection of Privacy Act*, we have 30 business days (not including weekends and holidays) to respond to your request. We process requests in the order received.
6. You may make a request for records by mail or email as follows:
  - a. Mail: Attention: Manager, Information and Privacy, Surrey Police Service, 13450 104 Avenue, Surrey, BC V3T 1V8
  - b. Email: Attention: Manager, Information and Privacy, Surrey Police Service, FOI@surreypolice.ca (preferred)

**NAME**

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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COMPANY NAME (IF APPLICABLE):

HAVE YOU EVER GONE BY ANOTHER NAME, IF SO, WHAT WAS THAT NAME?

**ADDRESS**

STREET, APARTMENT NO. P.O. BOX	CITY/TOWN:	PROVINCE/COUNTRY:	POSTAL CODE:
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**TELEPHONE NUMBER(S)**

DAY PHONE NO.	ALTERNATE NO.
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**DETAILS OF REQUESTED INFORMATION**

DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS DETAILED AND SPECIFIC AS POSSIBLE TO ASSIST WITH LOCATING THE RECORDS AND PROCESSING YOUR REQUEST. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S INFORMATION?

YES NO

**IF YES, PLEASE ATTACH:**

- (a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE WITH A COPY OF GOVERNMENT ISSUED PHOTO ID OR
- (b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF (E.G. POWER OF ATTORNEY)

YOUR SIGNATURE:	DATE SIGNED:
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