



SAINT JOHN POLICE FORCE

REQUEST FOR INFORMATION

INSTRUCTIONS

Personal information on this form is collected in accordance with New Brunswick's *Right to Information and Protection of Privacy Act (RTIPPA)*. You may be required to produce photo identification when receiving the requested information.

ABOUT YOU

In this section of the form, please include:

- your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- your complete mailing address including telephone number(s) so that the Saint John Police Force can contact you about the request; and
- a secure fax number or email address, if any, where correspondence may be sent.

ABOUT YOUR REQUEST/INFORMATION YOU WANT TO ACCESS

- Please check what kind of information you want to access.
- Indicate whether you would like to receive a copy of the record or examine the record in person.
- Be as specific as possible in describing the records (i.e. time, place and event) in order to identify the requested record(s). Feel free to add any additional information that you think may help with processing your request. If you need more space than provided, continue your description on a separate sheet of paper and attach to the request form.

ABOUT YOUR PERSONAL INFORMATION

- Please give your full name and any other names that you previously used and any identifying number that relates to the records in question.
- If you are requesting a correction to another person's information, please attach proof that you can legally act for that person.

WHERE TO SEND YOUR REQUEST

Mailing Address:

Chief of Police
Saint John Police Force
P.O. Box 1971
Saint John, NB E2L 4L1

Street Address:

Chief of Police
Saint John Police Force
1 Peel Plaza
Saint John, NB E2L 0E1

police@saintjohn.ca

Telephone: (506) 648-3200

Facsimile: (506) 648-3304



SAINT JOHN POLICE FORCE REQUEST FOR INFORMATION

ABOUT YOU

Title _____ Last name _____ First name _____

Name of company or organization (where applicable) _____

Mailing address _____ Province _____ Postal Code _____

Daytime contact number _____ Other contact number _____

Facsimile _____ Email _____

ABOUT YOUR REQUEST

1. What kind of information do you want to access? (please check one)

- general information my own information
 Information about another individual (please provide proof that you can legally act for that person)

2. Do you want to . . . (please check one)

- receive a hard copy of the record? receive an electronic copy of the record?
 examine the record?

ABOUT YOUR REQUEST

1. What record do you want to access?
