



# 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 will 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; and date of birth.

- 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 information on behalf of another person, or a correction to another person's information, please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization. Please see section 79 of RTIPPA for more details.

### 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](mailto: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 \_\_\_\_\_ Date of birth \_\_\_\_\_

## 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?

---

---

---

---



# SAINT JOHN POLICE FORCE REQUEST FOR INFORMATION

---

---

---

---

---

---

2. What is the time period of the records?

---

---

---

---

---

---

---

---

---

---

---

## YOUR SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_