Hamilton Police Service
Municipal Freedom of Information and Protection of Privacy Act
ACCESS/CORRECTION REQUEST

REQUEST FOR:

- ☐ **ACCESS TO OWN PERSONAL INFORMATION**
- ☐ **ACCESS TO GENERAL RECORDS**
- ☐ **CORRECTION OF OWN PERSONAL INFORMATION**

EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE **$5.00 APPLICATION FEE**: CASH, DEBIT, M/C, VISA AND MONEY ORDERS OR CHEQUES SHOULD BE MADE PAYABLE TO THE HAMILTON POLICE SERVICE.

DETAILS

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DATE OF BIRTH Y Y M M D D

ADDRESS (NUMBER)	STREET	APT./UNIT	MUNICIPALITY

PROVINCE	POSTAL CODE	AREA	TELEPHONE (DAYS)	AREA	TELEPHONE (NIGHTS)

EMAIL ADDRESS

THE RECORD(S) YOU ARE REQUESTING MAY CONTAIN THE PERSONAL INFORMATION OF INDIVIDUALS OTHER THAN YOURSELF (E.G. VICTIM, ACCUSSED, WITNESS). FURTHER TO SECTION 21 OF MFIPPA, IT MAY BE NECESSARY TO NOTIFY AFFECTED INDIVIDUALS BEFORE MAKING A DECISION ON ACCESS?

DO YOU WANT THE HAMILTON POLICE SERVICE TO CONTACT THESE INDIVIDUALS TO TRY AND OBTAIN THEIR CONSENT TO DISCLOSE THEIR INFORMATION ☐ **YES** ☐ **NO**

PROVIDE A DETAILED DESCRIPTION OF THE RECORD(S) YOU ARE REQUESTING, INCLUDING: DATES, TYPES OF OCCURRENCE(S), LOCATION, OCCURRENCE NUMBER(S), NAMES OF INDIVIDUALS INVOLVED, AND TYPES OF FILES REQUESTING

NOTE: IF YOU ARE REQUESTING A CORRECTION OF PERSONAL INFORMATION, PLEASE INDICATE THE DESIRED CORRECTION AND, IF APPROPRIATE, ATTACH ANY SUPPORTING DOCUMENTATION.

APPLICANT SIGNATURE	Y Y M M D D

FOR OFFICE USE ONLY:

CLERK NAME:	CLERK NUMBER:	TYPES OF ID	Y Y M M D D

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY LEGISLATION AND WILL BE USED FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE FOI COORDINATOR, HAMILTON POLICE SERVICE, 155 KING WILLIAM STREET, HAMILTON, ONTARIO L8R 1A7 (905) 546-4727.

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HOW TO FILL OUT THE F.O.I. APPLICATION FORM

(Access / Correction Request)

Did you...

*** Did you clearly describe what you are asking for?**
you must be specific and tell us what you want. Please indicate the types of files you are requesting – do not just describe an occurrence

*** Sign the form.**

* Pay your $5.00 application fee?

***** applicants must also include a photocopy of two valid pieces of government-issued identification (one must contain a photo) with your request

Remember, incomplete details on the form or insufficient funds will delay the processing of your request.

Once your application is received, you will hear from the FOI Unit within 45 BUSINESS DAYS. Processing times may be extended for voluminous requests or where we are required to contact other involved individuals. A further fee may apply once a request has been processed. The processing time is legislated by the **Municipal Freedom of Information and Protection of Privacy Act.**

MAILING ADDRESS:
155 King William Street, Hamilton, Ontario L8R 1A7, Attn: FOI unit

this form is not intended for use by lawyers or insurance companies. For law firms and insurance companies, the following is required:

i. Cover letter on letterhead which includes your clients information, occurrence number (if available), date and location of incident
ii. Authorization and direction or HPS request / consent and direction form signed within the last 6 months
iii. $5.00 application fee