

Hamilton Police Service

REQUEST / CONSENT AND DIRECTION DISCLOSURE OF INFORMATION

**OFFICE
USE** **DATE
RECEIVED**

Y Y M M D D

(PLEASE PRINT)

SURNAME				GIVEN NAME(S)			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)							
D O B	Y Y	M M	D D	GENDER	AREA	TELEPHONE	DRIVER'S LICENCE (WHERE REQUEST RELATES TO A MOTOR VEHICLE COLLISION)
NUMBER		STREET		APT./UNIT		MUNICIPALITY	
						POSTAL CODE	
EMAIL ADDRESS							

(PREVIOUS ADDRESS IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN 5 YEARS)

NUMBER		STREET		APT./UNIT		MUNICIPALITY	
						POSTAL CODE	
NUMBER		STREET		APT./UNIT		MUNICIPALITY	
						POSTAL CODE	

I HEREBY REQUEST, CONSENT TO AND AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION, WHICH PERTAINS TO ME AND / OR IS AVAILABLE TO ME, BY THE HAMILTON POLICE SERVICE, AND DIRECT THE HAMILTON POLICE SERVICE TO FORWARD A COPY OF THE INFORMATION TO:

NAME OF ORGANIZATION / AGENCY / PERSON							
NUMBER		STREET		APT./UNIT		MUNICIPALITY	
						POSTAL CODE	

INFORMATION TO BE RELEASED:

- ☐ **MOTOR VEHICLE ACCIDENT REPORT: \$55.00 + HST**
- ☐ **DRIVER / WITNESS STATEMENTS: \$55.00 + HST**
- ☐ **POLICE OCCURRENCE REPORT
(SYNOPSIS LETTER): \$55.00 + HST**
- ☐ **FREEDOM OF INFORMATION (FOR LAW FIRMS
AND INSURANCE COMPANIES ONLY): \$5.00**

RELEASE AND WAIVER:

IN CONSIDERATION OF COMPLIANCE WITH THE FOREGOING REQUEST, CONSENT, AUTHORIZATION AND DIRECTION, I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE CITY OF HAMILTON, THE HAMILTON POLICE SERVICES BOARD, THE HAMILTON POLICE SERVICE, AND ALL THEIR AGENTS, OFFICERS, ASSIGNS, REPRESENTATIVES AND SUCCESSORS, OF AND FROM ANY AND ALL LIABILITY FOR SUCH RELEASE AND DISCLOSURE, INCLUDING ALL CLAIMS, DEMANDS, DAMAGES, COSTS, ACTIONS AND CAUSES OF ACTION, WHETHER IN LAW OR EQUITY, IN RESPECT OF DEATH, INJURY, LOSS OR DAMAGE OF ANY NATURE WHICH MAY BE SUSTAINED BY ME OR BY ANY OTHER PERSON, HOWSOEVER CAUSED OR ARISING, AS A RESULT OF, OR CONNECTED TO, THE RELEASE OF THIS INFORMATION. I FURTHER WAIVE ALL RIGHTS, PRESENT OR FUTURE, RELATING TO THE RELEASE OF INFORMATION SET OUT HEREIN.

I UNDERSTAND THAT, UPON RELEASE OF SUCH INFORMATION, THE POLICE SERVICE WAIVES ANY RESPONSIBILITY FOR ITS USE, APPLICATION AND / OR DISSEMINATION.

RECEIPT OF THIS FORM, SIGNED BY ME, SHALL BE GOOD AND SUFFICIENT AUTHORITY FOR THE HAMILTON POLICE SERVICE TO COMPLY WITH MY DIRECTION, ABOVE.

**NOTE: INFORMATION RELEASED MAY OR MAY NOT PERTAIN TO THE SUBJECT OF THE INQUIRY.
POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH SUBMISSION OF FINGERPRINTS.**

SIGNED THIS DAY OF 20				SIGNATURE OF APPLICANT			
WITNESS NAME (PLEASE PRINT)				SIGNATURE OF WITNESS			

FOR POLICE USE ONLY

DISPOSITION CLERK #	Y Y M M D D	COPIED AND RETURNED	Y Y M M D D
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PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED UNDER THE AUTHORITY OF THE POLICE SERVICES ACT (S.41 (1.1)). REGULATION 268/95 UNDER THE POLICE SERVICES ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION ONLY TO THE PERSONS, ORGANIZATIONS OR AGENCIES SO DESIGNATED BY WRITTEN CONSENT OF THE APPLICANT. QUESTIONS SHOULD BE DIRECTED TO: RECORDS SUPERVISOR, HAMILTON POLICE SERVICE, 155 KING WILLIAM STREET, HAMILTON, ONTARIO, L8R 1A7 (905) 546-4767.

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