



BRANTFORD POLICE SERVICE

ROUTINE DISCLOSURE REQUEST/CONSENT

There is a mandatory application fee must accompany all requests. Please refer to the Fees Schedule.

YOUR INFORMATION: To be completed in full by the requestor					
Last Name:		First Name:		Middle Name	
Date of Birth (YYYY-MM-DD):		E-Mail Address:		Phone Number:	
Address			Apt/Unit#:		
City/Town:		Province:		Postal Code:	
LAST NAME APPEARING IN RECORDS: (List if different from above)			<input type="checkbox"/> Same as above		
I hereby request/consent and authorize the release of the following information, which pertains to me and/or is available to me, by the Brantford Police Service, and direct the Brantford Police Service to forward a copy of the information to:					
Name of Organization/Agency/Person					
Address/Unit:		City/Town		Province	Postal Code
Information to be Released:					
<input type="checkbox"/> Occurrence Report Synopsis		<input type="checkbox"/> Officer's Notes		<input type="checkbox"/> Witness Statement (with Consent)	
<input type="checkbox"/> Other					
Description:					
Release and Waiver:					
<p>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, the Police Services Board, the 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.</p> <p>I understand that, upon release of such information, the Police Service waives any responsibility for its use, application, and dissemination.</p> <p>Receipt of this form, signed by me, shall be good and sufficient authority for the Police Service to comply with my direction above.</p>					
Signature				Date	
Witness Name (Please Print)				Signature of Witness	
OFFICE USE ONLY					
Date Received:					

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI Coordinator of the Brantford Police Service, 519-756-0113.