

Access / Correction Request Freedom of Information and Protection of Privacy

NOTE: A \$5.00 Application Fee must accompany this request on submission.

CONTACT: Freedom of Information Coordinator

Thunder Bay Police 1200 Balmoral Street, Thunder Bay, ON. P7B 5Z5 Telephone: (807) 317-0138 Fax: (807) 345-1028

Request for: Access to General Records Access to Own Personal Information Correction of Own Personal Information		Name of Institution request made to: Thunder Bay Police Services			
Last name appearing on records Same as below		ow or >			
Last Name First Name		Middle Name			
☐ Male ☐ Othe	er Date of Birth				
Address (street/Apt.No./P.	O. Box/R.R. No.#)	City/Town	//Town Province		
Postal Code Teleph	hone Number(s) Area code) Area code Area Code			
	Day		Evening		
Detailed description of requested records, personal information records or personal information to be corrected, including any dates, times or incident numbers and/or location of incident and type of incident.					
Note: If you are requesting a cor	rection of personal information, please i	indicate the desired correction a	nd, if appropriate, attach an	y supporting	
documentation. You will be personal information.	e notified if the correction is not made a		nent of disagreement be att		
Preferred method of acces Examine Original Receive Copy	ss to records Signature		Date Day Mont	h Year	
For Institutional Use Only					
Date Received	Receipt Number		Comments		
Personal information contained of purpose of responding to your re Institution where this request is n	on this form is collected pursuant to Frequest. Questions about this collection stande.	edom of Information and Protect should be directed to the Freedon	ion of Privacy Legislation among the series of Information and Privace	nd will be used for the y Coordinator at the	