



**ACCESS TO INFORMATION REQUEST**  
**Local Authority Freedom of Information and Protection of Privacy**

(Please Print)

**Applicant Information**

Last Name		First Name	
Address		City/Town	Province
Postal Code	Telephone (Residence)	Telephone (Work)	Facsimile

**Details of Requested Information**

General Information Request <input type="checkbox"/>	Personal Information Request <input type="checkbox"/>
<b>Estevan Police Service</b>	
Name of Record ( <i>if known</i> )	
Detailed Description of Record:	
_____	
_____	
_____	
_____	
_____	
_____	

A \$20 application fee (cheque or money order payable to "Estevan Police Service" preferred) must accompany all requests. The processing of this request will not begin until this fee has been received.

I understand that there may be a processing fee to process this request and that, prior to receiving access to the records that I have requested, I am required to pay that fee unless it is waived.

**Check if requesting waiver of processing fee:**

I request that payment of the processing fee related to this request be waived because payment will cause me substantial financial hardship. Details are as follows: (Use reverse of form if additional space is required.)

X

\_\_\_\_\_  
Signature of Applicant

For Office Use Only			
Date Received _____	Received By _____	Badge No. _____	
Applicant Identity Confirmed	Yes <input type="checkbox"/>	(Type _____)	No <input type="checkbox"/>
Application Fee Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Personal information contained on this form is collected pursuant to *The Local Authority 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 Access and Privacy Co-ordinator.