



## REQUEST FOR INFORMATION

Filed under the Freedom of Information (FOI) Act

Date of Request: \_\_\_\_\_ Date to Respond: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Incident:  
\_\_\_\_\_

In the spaces below, please describe the public records you are requesting. In order to expedite the search for records, please be as specific as possible by including as much of the following information as possible: Date/Time of Incident; Address of Incident; Case Number; Type and Nature of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for Commercial Purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission to redact dates of birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Response to Information Request

Date of Compliance with request: \_\_\_\_\_

By: \_\_\_\_\_ (Custodian of Records)

Date of Receipt of records: \_\_\_\_\_

By: \_\_\_\_\_ (Requestor)