



DURHAM REGIONAL POLICE SERVICE
**Authorization for the Release of Personal
Information**

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act

I, (your name)

Born, (your date of birth)

Of, (your address)

(your phone number)

Authorize the Durham Regional Police Service to release to

Name of individual / company / organization:

Name of representative:

Phone number:

The following information: (please identify the records in detail)

Signature

Date

Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used to process and respond to your request for information contained in our files. Questions about this collection should be directed to the Information and Privacy Unit Coordinator, Durham Regional Police Service, Police Headquarters, 605 Rossland Road East, Box 911, Whitby, ON L1N 0B8