



REQUEST / CONSENT DISCLOSURE OF INFORMATION

Victim / Complainant Information / MVC Clerk

OFFICE USE	DATE RECEIVED	Y	Y	M	M	D	D

(PLEASE PRINT)

SURNAME				GIVEN NAME(S)			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)				PLACE OF BIRTH			
D	Y	Y	M	M	D	D	SEX AREA TELEPHONE DRIVER'S LICENCE (WHERE REQUEST RELATES TO A MOTOR VEHICLE COLLISION)
B							
NUMBER	STREET			APT./UNIT	MUNICIPALITY		POSTAL CODE

(PREVIOUS ADDRESS IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN 5 YEARS)

NUMBER	STREET			APT./UNIT	MUNICIPALITY		POSTAL CODE
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I HEREBY REQUEST, CONSENT TO AND AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION, WHICH PERTAINS TO ME AND / OR IS AVAILABLE TO ME, BY THE POLICE SERVICE, AND DIRECT THE POLICE SERVICE TO FORWARD A COPY OF THE INFORMATION TO:

NAME OF ORGANIZATION/AGENCY /PERSON							
NUMBER	STREET			APT./UNIT	MUNICIPALITY		POSTAL CODE

INFORMATION TO BE RELEASED: MOTOR VEHICLE ACCIDENT REPORT OTHER

RELEASE AND WAIVER:

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.

I UNDERSTAND THAT, UPON RELEASE OF SUCH INFORMATION, THE POLICE SERVICE WAIVES ANY RESPONSIBILITY FOR ITS USE, APPLICATION AND / OR DISSEMINATION.

RECEIPT OF THIS FORM, SIGNED BY ME, SHALL BE GOOD AND SUFFICIENT AUTHORITY FOR THE POLICE SERVICE TO COMPLY WITH MY DIRECTION, ABOVE.

SIGNED THIS	DAY OF	20	SIGNATURE OF APPLICANT
WITNESS NAME (PLEASE PRINT)			SIGNATURE OF WITNESS

FOR POLICE USE ONLY

DISPOSITION CLERK #	Y	Y	M	M	D	D	COPIED AND RETURNED	Y	Y	M	M	D	D
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PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED UNDER THE AUTHORITY OF THE POLICE SERVICES ACT (S.41(1.1)), REGULATION 268195 UNDER THE POLICE SERVICES ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION ONLY TO THE PERSONS, ORGANIZATIONS OR AGENCIES SO DESIGNATED BY THE WRITTEN CONSENT OF THE APPLICANT.