



Halton Regional Police Service
Authorization for the Release of Personal Information
Pursuant to Municipal Freedom of Information
and Protection of Privacy Act

I, _____ (your name)
_____ (date of birth)
_____ (address)
_____ (phone number)

Authorize the **Halton Regional Police Service** to release to:

_____ (Organization)
_____ (Name of Representative)
_____ (address)
_____ (phone number)

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

Signature

Date

Information on this form is collected under the authority of 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: Freedom of Information Coordinator, Freedom of Information Unit, Halton Regional Police Service, 2485 North Service Road West, Oakville, Ontario L6M 3H8, (905) 825-4710.