



# Lethbridge Police Service

## Insurance/Law Firm/ Other Request Form

The Personal Information on this form will be collected and shared pursuant to the *Freedom of Information and Protection of Privacy (FOIP) Act* and any other legal requirements where they are consistent with the *FOIP Act*. Any questions regarding the collection and use of information can be directed to the Access and Privacy Unit at [routinerequest@lethbridgepolice.ca](mailto:routinerequest@lethbridgepolice.ca). For general enquiries and questions related to the LPS Routine Request for Information Process, please visit our website at [www.lethbridgepolice.ca](http://www.lethbridgepolice.ca) or contact the Access and Privacy Unit at [routinerequest@lethbridgepolice.ca](mailto:routinerequest@lethbridgepolice.ca).

**All Requests MUST Include:**

- **Authorization** from your insured/client must be included with your request. Authorizations must be dated within 90 days of the request.
- **Payment** in Full (certified cheque or money order)

**You are Requesting**

<input type="checkbox"/>	Routine Request for Information	\$51.75 (GST included) per occurrence
	Production of Multimedia	\$52.76 (GST included) per media file
<input type="checkbox"/>	Photobook	
<input type="checkbox"/>	Video	
<input type="checkbox"/>	Audio ( <i>Excluding witness statements</i> )	
<input type="checkbox"/>	Collision Technical Reports	<a href="mailto:routinerequest@lethbridgepolice.ca">routinerequest@lethbridgepolice.ca</a>

**Part 1 - Requestor Information** (Please Print Clearly)

Insurance Company/ Law Firm/ Other \_\_\_\_\_ Claim/ File Number \_\_\_\_\_

Requester's Name \_\_\_\_\_ Direct Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Part 2 – Insured/ Client Information**

Surname/ Family Name _____	Given Names _____	Date of Birth YYYY-MM-DD _____
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Involvement in LPS Occurrence \_\_\_\_\_

**Part 3 – LPS Occurrence Details**

Occurrence/File No. _____	Type of Occurrence _____
Date and Time YYYY-MM-DD _____	Location _____

**Part 4 – Motor Vehicle Collision** (If Applicable)

Vehicle Number 1	Vehicle Number 2
Driver's Name _____	Driver's Name _____
Driver's Address _____	Driver's Address _____
Registered Owner's Name _____	Registered Owner's Name _____
Registered Owner's Address _____	Registered Owner's Address _____

If your insured/client was a passenger provided the name of the vehicle driver \_\_\_\_\_

**Part 5 – Reason for Request** (please be specific)