



Lethbridge Police Service Request for LPS Files

Request form must be completed in FULL before your request will be accepted.
Please print clearly completing ALL fields. If the field is not applicable to you please use N/A.

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. For general enquiries and questions related to the LPS Routine Request for Information Process, please visit our website at www.lethbridgepolice.ca or contact the Access and Privacy Unit at routinerequest@lethbridgepolice.ca.

All Requests MUST Include:

- **Proof of identity is required. Submission of one (1) piece of government issued picture identification is required.**
If you are making a records request on behalf of another person you are required to provide; a) The Authorization to Release signed by the person, or; b) documented proof of authority to act on that persons behalf. Further requirements may be applicable pursuant to the *FOIP Act*.
- **Payment** may be made through cash, debit, certified cheque, or money order. The LPS will not accept personal cheques.

You are Requesting	<input type="checkbox"/>	Own Witness Statement	Free of Charge
	<input type="checkbox"/>	"Drivers copy" of a collision report	Free of Charge
	<input type="checkbox"/>	Routine Request for Information (Full Collision report, disclosable file reports OR Confirmation Letter if file is active before the courts of still under investigation)	\$51.75 (GST included) per occurrence
	<input type="checkbox"/>	Production of Multimedia	\$52.76 (GST included) per media file
	<input type="checkbox"/>	Photobook	
	<input type="checkbox"/>	Video	
	<input type="checkbox"/>	Audio (Excluding witness statements)	
	<input type="checkbox"/>	Collision Technical Reports	routinerequest@lethbridgepolice.ca
	<input type="checkbox"/>	Copy of Certificate of Analysis	\$20 (GST included) per occurrence

Part 1 - Requestor Information (Please Print Clearly)

Surname/Family Name _____ Given Name _____ Middle Name _____
 Date of Birth _____ Company Name _____
YYYY-MM-DD (If Applicable)

Daytime Phone _____ Email _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Part 2 - LPS Occurrence Details

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

Invovlement in Occurrence _____
COLLISIONS ONLY (If you were a passenger provided the name of the vehicle driver) _____

Details of Occurrence _____

Reason for Request _____

Part 3 - Signature

Signature of Application _____ Date YYYY-MM-DD _____

Lethbridge Police Service Use Only				
Date Received <small>YYYY-MM-DD</small>		Identification Verified By		Employee No.