

Law enforcement agencies should use this form when requesting information in the custody or control of the Region of Peel.

Part A: REQUESTER INFORMATION

Agency Name

Address

City Province Postal Code

Name of the person Requesting Access

Title Identification Number

Phone Email

PART B: SUBJECT INFORMATION

Name

Address

City Province Postal Code

Date of Birth Your incident/File Number

This request is being made pursuant to (legislation and section number)

Description of information requested

Intended use of the information

Type of access requested Verbal/Viewing Copy

Note: Original records will be released pursuant to warrant, subpoena, production order, or summons only

The Region of Peel may be required to notify the subject of this request of their information being provided to law enforcement. By completing this form, you consent to this notification. If you have an objection to this notification, please provide an explanation below:

I certify that:

- (a) The information above is accurate and correct to the best of my knowledge;
- (b) I have the authority to collect the information requested on behalf of the agency noted for the purpose(s) specified.
- (c) This information is requested in accordance with Section 32(g) of the *Municipal Freedom of Information and Protection of Privacy Act*, as the information will aid in an investigation undertaken with a view for a law enforcement proceeding or from which a law enforcement proceeding or from which a law enforcement proceeding is likely to result.

Signature _____ Date _____

If you are in contact with a Regional employee possessing the information requested above, please deliver by hand or mail them a copy of this form, marked Confidential. Otherwise, send this form to the following address:

Regional Municipality of Peel
Office of the Regional Clerk – Access to Information and Privacy
10 Peel Centre Drive, Suite A, 5th Floor
Brampton, ON L6T 4B9

The Region of Peel does not condone any form of transmitting this form other than by mail. You assume any privacy or security risk or liability with transmitting this information in any alternative form (e.g. by email or fax).

If you have any questions related to this form, please contact the Region's Manager of Access to Information and Privacy at 905-791-7800 ext. 4095 or ZZG-privacy@peelregion.ca

Notice of Collection: Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to Manager of Access to Information and Privacy, Office of the Regional Clerk – Access to Information and Privacy, 10 Peel Centre Drive, Suite A, 5th Floor, Brampton, ON L6T 4B9, or by phone at 905-791-7800 ext. 4095.

PART C: DISCLOSURE (COMPLETED BY MANAGER)

Staff will reference the Region’s Law Enforcement Request for Personal Information procedure before filling out this form. Pursuant to s. 32(g) of the *Municipal Freedom of Information and Protection of Privacy Act*, the Region of Peel does not disclose personal information to a law enforcement agency when the agency cannot provide definite and focused investigative information as to why the disclosure is needed. Personal information will not be disclosed on the basis of mere suspicion or speculation. Staff may disclose personal information proactively if they have a reasonable basis to believe that an offence has occurred.

Staff will not routinely disclose information that is especially sensitive or private (e.g. health information, SIN number, bank information, credit card number, driver’s license number, sexual attitudes or history), or if the request is voluminous (e.g. it is indicative of police ‘fishing’ for information, requests regarding multiple people). If the request meets any of the criteria above, this process will be stopped and forwarded to process by Access to Information and Privacy (ATIP) at the address below.

Details of disclosure

- Verbal/Viewing Copy Refused Abandoned by requester Emergency

Description of the information disclosed (do not repeat personal information below)

Disclosing Manager

Name

Title

Department

Signature Date

Once disclosure is complete, a copy of this form should be sent securely by EIM to ATIP staff. If unable to send by EIM, the record may be sent through interoffice mail, in an envelope marked confidential, to the following address:

Regional Municipality of Peel
Office of the Regional Clerk – Access to Information and Privacy
10 Peel Centre Drive, Suite A, 5th Floor
Brampton, ON L6T 4B9