

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

TO: Waterloo Regional Police Services Board / Waterloo Regional Police Service

Please PRINT

TO BE COMPLETED IN FULL

Occurrence / Motor Vehicle Collision Report Number:			
Date of Occurrence or Motor Vehicle Collision:			
Involved Parties:			
Surname (last name)		Given name(s)	
Date of Birth (YY/MM/DD)	Contact Telephone Number	Can a message be left at this number? Yes No	

Mailing Address

Number	Street	Apt.	City	Prov/Terr./State	Postal/ZIP code
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I **HEREBY** authorize the Waterloo Regional Police Service to release to:

(Name, address and phone number of agency/institution/law firm/individual)

any information pertaining to this _____

(occurrence or motor vehicle collision)

that may be contained in the records of the Waterloo Regional Police Service, specifically information relating to myself and that is defined as personal information pursuant to the Municipal Freedom of Information and Protection of Privacy Act.

WAIVER AND RELEASE

I hereby release and forever discharge the **Waterloo Regional Police Services Board**, its agents and assigns, and all members of the said Service, from any and all actions, causes of actions, claims and/or demands for damages, loss or injury, which may hereafter be sustained by myself, arising out of the release of information.

SIGN THIS _____ day of _____, 20 ____

Signature of applicant (please print name beside signature)

Witness (please print name beside signature)

Personal information contained on this form is collected under section 17 I of the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about this collection should be directed to the Access to Information Unit at 519-653-7700 extension 8514 or e-mail foi@wrps.on.ca. Please visit www.wrps.on.ca for more information.