



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 *Protection of Privacy Act (POPA)* and any other legal requirements where they are consistent with *POPA*. 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 with a copy of the persons government issued picture identification, 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

- | | |
|--|--|
| ☐ Own Witness Statement | Free of Charge |
| ☐ "Drivers copy" of a collision report | Free of Charge |
| ☐ Routine Request for Information (Full Collision report, disclosable file reports OR Confirmation Letter is file is active before the courts of still under investigation) | \$57.75 (inclusive of all applicable taxes) per occurrence |
| ☐ Production of Multimedia | \$55 (inclusive of all applicable taxes) per media file |
| ☐ Photobook | |
| ☐ Video | |
| ☐ Audio (Excludes own witness statement) | |
| ☐ Collision Technical Reports | routinerequest@lethbridgepolice.ca |
| ☐ Copy of Certificate of Analysis | \$20 (inclusive of all applicable taxes) per occurrence |

Part 1 - Requestor Information (Please Print Clearly)

Surname/Family Name _____			Given Name _____			Middle Name _____		
Date of Birth YYYY-MM-DD _____			Company Name (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 YYYY-MM-DD _____		Location _____	
Invovlement in Occurrence _____			
COLLISIONS ONLY (If you were a passenger provide the name of the vehicle driver) _____			

Part 3 - Occurrence Description (please be specific)

Part 4 - Reason for Request

Part 5 - Signature

As signatory, I certify the accuracy of the provided information and agree to the terms of service dictating services are rendered once processing begins.

Signature of Applicant _____ Date YYYY-MM-DD _____