



Sault Ste. Marie Police Service Request Consent & Direction Disclosure of Information

FOI Branch/ Victim / Complainant Information / MVC Clerk

OFFICE USE	DATE RECEIVED	YY	MM	DD
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(Please Print)

SURNAME		GIVEN NAME(S)			MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		
DOB	YY	MM	DD	SEX	AREA	TELEPHONE	
NUMBER	STREET		APT/UNIT	MUNICIPALITY		POSTAL CODE	

I hereby request, consent to and authorize the release of the following information, which pertains to me and / or is available to me, by The Police Service, and direct the police service to forward a copy of the information to:

NAME OF ORGANTZATION/ AGENCY/ PERSON							
NUMBER	STREET		APT/UNIT	MUNICIPALITY		POSTAL CODE	

Information to be released: Motor vehicle accident report Other

Release and Waiver:

In consideration of compliance with the foregoing request, consent, authorization and direction, I, for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the city, The Police Services Board, The Police Service, and all their agents, officers, assigns, representatives and successors, of and from any and all liability for such release and disclosure, including all claims, demands, damages, costs, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage of any nature which may be sustained by me or by any other person. Howsoever caused or arising as a result of, or connected to, the release of this information, I further waive all rights, present or future, relating to the release of information set out herein.

I understand that, upon release of such information, The police Service waives any responsibility for its use, application and/ or dissemination. Receipt of this form, signed by me, shall be good and sufficient authority for the police service to comply with my direction, above.

**Note: Information released may or may not pertain to the subject of the inquiry.
Positive identification can only be confirmed through submission of fingerprints.**

SIGNED THIS	DAY OF	20	SIGNATURE OF APPLICANT
WITNESS NAME(PLEASE PRINT)	SIGNATURE OF WITNESS		

For Police Use Only

DISPOSITION CLERK #	YY	MM	DD	COPIED AND RETURNED	YY	MM	DD
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