



**Halton Regional Police Service**  
**Authorization for the Release of Personal Information**  
**Pursuant to Municipal Freedom of Information**  
**and Protection of Privacy Act**

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I, \_\_\_\_\_ (your name)  
\_\_\_\_\_ (date of birth)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (phone number)

Authorize the **Halton Regional Police Service** to release to:

\_\_\_\_\_ (Organization)  
\_\_\_\_\_ (Name of Representative)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (phone number)

The following information (please identify the records **in detail**):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to process and respond to your request for information contained in our files. Questions about this collection should be directed to: Freedom of Information Coordinator, Freedom of Information Unit, Halton Regional Police Service, 2485 North Service Road West, Oakville, Ontario L6M 3H8, (905) 825-4710.