



LETHBRIDGE POLICE SERVICE INSURANCE/LAW FIRM/ OTHER REQUEST FORM

The Personal Information on this form will be collected and shared pursuant to the *Freedom of Information and Protection of Privacy (FOIP) Act* and any other legal requirements where they are consistent with the *FOIP Act*. 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:

- **Authorization** from your insured/client. Authorizations must be dated within 90 days of the request.
- **Payment** in Full (certified cheque or money order)

You are Requesting	Routine Request for Information	\$57.75 (inclusive of all applicable taxes) per occurrence
	Production of Multimedia	\$55 (inclusive of all applicable taxes) per media file
	Photobook	
	Video	
	Audio <i>(Excluding witness statements)</i>	
	Collision Technical Reports	routinerequest@lethbridgepolice.ca

Part 1 - Requestor Information (Please Print Clearly)

Insurance Company/ Law Firm/ Other _____	Claim/ File Number _____
Request's Name _____	Direct Phone Number _____
Email Address _____	
Mailing Address _____	
City _____	Province _____ Potal Code _____

Part 2 – Insured/ Client Information

Surname/ Family Name _____	Given Names _____	Date of Birth YYYY-MM-DD _____
Involvement in LPS Occurrence _____		

Part 3 – LPS Occurrence Details

Occurrence/File No. _____	Type of Occurrence _____
Date and Time YYYY-MM-DD _____	Location _____

Part 4 – Motor Vehicle Collision (If Applicable)

Vehicle Number 1 _____	Vehicle Number 2 _____
Driver's Name _____	Driver's Name _____
Driver's Address _____	Driver's Address _____
Registered Owner's Name _____	Registered Owner's Name _____
Registered Owner's Address _____	Registered Owner's Address _____
If your insured/client was a passenger provide the name of the vehicle driver _____	

Part 5 – Reason for Request (please be specific)

Part 6 - Signature

As signatory, I certify the accuracy of the provided information and understand services are deemed fully rendered at the commencement of processing. Complete request packages may be mailed to the LPS Access and Privacy Unit at 135 1 Avenue South, Lethbridge, AB T1J 0A1.

Signature _____	Date YYYY-MM-DD _____
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