



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 *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:

- **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 if 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 (Excluding witness statements)	
	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 _____
Involvement 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 _____