



Port Hope Police Service

Tim Farquharson
Chief of Police

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REQUEST FORM FOR ACCESS TO INFORMATION

(Pursuant to the Municipal Freedom of Information
and Protection of Privacy Act, 1989)

PART 1: REQUESTER INFORMATION (Please print)

NAME: _____
(Last Name) (First Name) (Second Name)

ADDRESS: _____
(Street Address)

(City/Town) (Province) (Postal Code)

TELEPHONE:(_____) _____ **DATE OF BIRTH:** _____
(Area Code) (Number) (Year – Month – Day)

REQUESTER'S SIGNATURE: _____

IDENTIFICATION: _____
(Type of ID) (Identifier: Do not record Health Card or SIN Card #'s)

DATE OF REQUEST: _____ **\$5.00 FEE REC'D BY:** _____
(Year – Month – Day) (Init.) (Method)
