



# Port Hope Police Service

**Bryant Wood**  
Chief of Police

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Deputy Chief  
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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)

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