

<b>PART 1 – REQUESTOR DETAILS</b>		
*AGENCY <input type="checkbox"/> POLICE <input type="checkbox"/> OTHER _____	*AGENCY FILE NO.	*DATE SUBMITTED
*REQUESTORS LAST NAME	*REQUESTORS GIVE NAME(S)	*BADGE#
*MAILING ADDRESS (STREET #, CITY, PROVINCE, POSTAL CODE)		
*EMAIL ADDRESS	*TELEPHONE	
<b>PART 2 – completion of this section is mandatory</b>		
*REASON FOR REQUEST	*AUTHORIZING STATUTE AND SECTION NUMBER	
<b>PART 3 – EVENT DETAILS</b>		
*DATE OF EVENT	*TIME OF EVENT	IF THE EXACT DATE/TIME IS UNKNOWN PLEASE PROVIDE APPROXIMATES
*DETAILS OF THE EVENT – Please provide the name of the person(s) whose information is being requested – if applicable/known		
*LOCATION OF EVENT		
<b>PART 4 – RECORDS OR INFORMATION BEING REQUESTED – Please be as specific as possible</b>		
Preferred method of access to records:		
<input type="checkbox"/> EXAMINE ORIGINAL	<input type="checkbox"/> RECEIVE COPY BY MAIL	<input type="checkbox"/> RECEIVE COPY ELECTRONICALLY
Submit your application to the Corporate Officer via email at <a href="mailto:foi@esquimalt.ca">foi@esquimalt.ca</a> Or In person at Municipal Hall 1229 Esquimalt Road.	FOI DEPARTMENT USE ONLY <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
The personal information contained on this form is collected under Section 26(c) of the <i>Freedom of information and Protection of Privacy Act</i> and will be used for the purpose of processing the application.		
If you have any questions about the collection or use of this information, please contact the Township of Esquimalt Privacy Team at <a href="mailto:foi@esquimalt.ca">foi@esquimalt.ca</a> or 1229 Esquimalt Road, Esquimalt BC V9A 301		