



SASKATOON POLICE SERVICE

ACCESS AND PRIVACY UNIT

CORRECTION OF PERSONAL INFORMATION REQUEST

Applicant Information

(Please print)

Last Name: _____ First Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Whose information do you want to correct?

- Your own personal information
- Another person's personal information (please attach proof that you can legally act for the person.)

Saskatoon Police Service

Name of Record (if known): _____

Detailed Description of Record:

What correction do you want to make and why? (Please attach any documents that support your request.)

 X
Signature of Applicant

For Office Use Only

Date Received: _____ Received by: _____ Badge No: _____

Applicant Identity Confirmed Yes Type: _____ No

Application Fee Received Yes No

Personal information contained on this form is collect pursuant to *The Local Authority Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to The Access and Privacy Unit.