*(Please Print)*  **Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | | First Name | |
| Address | | City/Town | Province |
| Postal Code | Telephone (Residence) | Telephone (Work) | Facsimile |

**Details of Request**

|  |
| --- |
| 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.*) |
| **Weyburn 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*.) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

|  |
| --- |
| **For Office Use Only**  Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge # \_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Identity Confirmed Yes □ (Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) No □  Application Fee Received Yes □ No □ |

Personal information contained on this form is collected 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.