Royal Canadian Mounted Police | Gendarmerie royale du Canada

Protected A once completed	
PIB No.	CMP-PPU-045

PERSONAL INFORMATION REQUEST (PRIVACY ACT)

Instructions

1. By completing this form, you are making a formal request for your personal information pursuant to the *Privacy Act* for RCMP records. Written requests using Treasury Board Form TBC-350-58, or a written request mentioning the Act will also be accepted. If you wish to make an informal request, contact the local RCMP office/detachment where the records are kept.

2. Describe the information being sought and provide all relevant details necessary to help the RCMP locate the requested information. Please include the city, RCMP detachment, and/or file number to expedite the search. If you require assistance, refer to **Info Source (Sources of Federal Government Information) at www.infosource.gc.ca** for a description of program records held by the institution or visit the RCMP's ATIP website at **www.rcmp-grc.gc.ca/atip-aiprp/faq-eng.htm** It is recommended that you also provide a photocopy of an approved government photo ID (driver's licence, passport, etc.) in order to expedite your request.

3. Mail your completed request to the following address:

   Royal Canadian Mounted Police
   Access to Information and Privacy Coordinator
   73 Leikin Dr.
   Mail Stop 061
   Ottawa, ON
   K1A 0R2

   Faxes and photocopies of this completed form are not accepted; send originals only.

4. When you receive an answer to your request, review the information to determine whether you wish to make a further request under this Act. You also have the right to complain to the Privacy Commissioner of Canada should you believe that you have been denied any of your rights under this Act.

Information

I wish to examine the information

☐ As it is ☐ All in English ☐ All in French

Provide details regarding the information being sought. Include city, RCMP detachment or unit, and file number, if applicable.

Preferred Method of Access

☐ Receive Copies of Originals ☐ Examine Originals in Government Office

Surname	Given Name

Street Address

City	Province	Postal Code	Date of Birth (yyyy-mm-dd)	Telephone No.

I request access to personal information about myself under the *Privacy Act* as I am a Canadian citizen, permanent resident or another individual, including an inmate, present in Canada.

Signature _____ Date (yyyy-mm-dd) _____

The personal information provided on this form is protected under the provisions of the *Access to Information Act* and the *Privacy Act.*

Canada