



# REQUEST TO ACCESS OR CORRECT INFORMATION

CC 739 (R2020-08)

**Send Request to:**  
 FOIP Coordinator  
 The City of Calgary #8007F  
 PO Box 2100, Station M  
 Calgary, Alberta T2P 2M5  
**or Fax:** 403-476-4102

**or Deliver Request to:**  
 Access & Privacy  
 City Clerk's Office  
 Administration Building - First Floor  
 313 - 7 Avenue SE  
 Calgary, Alberta T2G 2M3

Your personal information is being collected for the purpose of accessing information and will be used to respond to your access request. This information is collected pursuant to Section 33 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection and use, please contact the FOIP Coordinator at 313 - 7 Avenue S.E. Calgary, Alberta T2G 2M3 or call 403-268-5861 (option 2) or email FOIP@calgary.ca.

Last Name		First Name	Name of Company or Organization (if applicable)	
Mailing Address				
City or Town		Province		Postal Code
Phone (Daytime) ( )		Phone (Cell) ( )		Fax Number ( )
Do you consent to receiving future correspondences via email? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide your email address	

1. What kind of information are you requesting access to? (See reverse side for payment options)

GENERAL INFORMATION                       PERSONAL INFORMATION ABOUT ANOTHER

PERSONAL INFORMATION ABOUT YOURSELF                       CORRECTION OF MY PERSONAL INFORMATION (*No fee is required*)

2. Do you want to (choose only one):

RECEIVE A COPY OF THE RECORD?                       PAPER

EXAMINE THE RECORD IN PERSON?                       USB

In which format (choose only one):

Do you want to (choose only one and see reverse for instructions):

PICK-UP IN PERSON

RECEIVE BY REGULAR MAIL

3. If your personal information is requested, please provide full given names, all previous names and applicable personal identifiers. Please note that this information will need to be disclosed to relevant City business units to search for responsive records.

4. If personal information about another is requested, please provide his/her full given names and any previous names and applicable personal identifiers such as driver's license.

5. If duplicate records exist, would you like to receive these?  
 Yes  No

6. What records do you want to access/correct? Please give as much detail as possible. If you need more space, please attach a separate sheet of paper.

7. Please specify relevant keywords to assist with the search for responsive records.

8. Provide the date or date range of the records requested above. Please give specific dates.

By signing this form you are consenting to your information being shared to the applicable business unit(s) to assist with the search if required.

Signature	Date YYYY-MM-DD
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**For office use only**

Date Received YYYY-MM-DD	Request Number	Request Due Date YYYY-MM-DD
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## General Instructions for Access to Information Requests

**Submitting a FOIP request for Calgary Police Service records? Please visit [CPS website](#):**

Email: [access@calgarypolice.ca](mailto:access@calgarypolice.ca) Phone: 403-428-8484 Fax: 403-216-5321

Mailing address: Calgary Police Service Access & Privacy Section

Mail Code 6405 111 - 47 Street N.E. Calgary, Alberta T3J 3R2

### Written Permission of the Applicant is required to:

- Provide the requested information to a third party;
- Discuss an Access request with another person, including the spouse of an applicant; and
- Release the name of the applicant.

### Fees for Access Requests

There is an initial fee of \$25.00 that must be paid before a request for general information will be processed. General information is recorded information held by The City of Calgary that is **not** about an identifiable individual.

There is no initial fee for a request for personal information about yourself or about someone for whom you are authorized to act. Personal information is recorded information about an identifiable individual. If you are requesting personal information about an individual that you are not authorized to act for, an initial fee of \$25.00 must be paid before the request is processed.

There can be additional fees charged. A fee estimate and explanation will be provided to an applicant prior to proceeding with the request.

### Payment Options

Fees can be paid:

1. In cash;
2. By cheque or money order made payable to The City of Calgary;
3. By credit card; or
4. By debit card.

Cheque or money order payments can be mailed to the address on the front of this form and should accompany a request.

Cash, credit and debit payments can be made in person at:

City Clerk's Reception

Administration Building - First Floor 313 - 7 Avenue S.E. Calgary, Alberta T2G 2M3

or contact Access & Privacy at 403-268-5861 (option 2), regarding telephone credit card payments.

### General Information Access Requests

General requests will be mailed to the mailing address specified on the front of this form. Note: pick-up in person can still be selected.

### Personal Information Access Requests

Please note by submitting this request you are consenting to your personal information being shared with the applicable business unit(s) to assist with the search for responsive records.

You will be required to provide proof of your identity before records containing your personal information will be released to you. You will be notified at time of completion, as requests for personal information will be held for pick-up unless circumstances dictate otherwise.