



City of Prince Albert

LAW ENFORCEMENT DISCLOSURE REQUEST

Name of Law Enforcement Agency: _____

Occurrence or Investigation Number: _____

Name and Badge Number of Officer: _____

Date: _____ Signature: _____

Phone Number: _____ Email: _____

The Law Enforcement Agency is requesting for the disclosure of information pertaining to:

(General description of information requested along with a description of particular investigative or enforcement activity. If requesting video surveillance footage please include building site, camera angle or location, date, and time of incident)

Pursuant to Section 36 of *The Police Act, 1990* and:

(State the federal or provincial statute or municipal bylaw, including the specific subsection. (e.g. CC Section 430(1)(a)):

TO BE COMPLETED BY THE CITY OF PRINCE ALBERT

Personal Information disclosed pursuant to LAFOIP Section 28(2)(g):

Name and Title of Authorized Official: _____

Date: _____ Signature: _____

PLEASE FORWARD COMPLETED FORM TO:
City Clerk
1084 Central Avenue
Prince Albert, SK S6V 7P3
Phone: 306-953-4305 E-mail: accesstoinfo@citypa.com