



LAW ENFORCEMENT DISCLOSURE REQUEST

Date: _____

Name of Law Enforcement Agency: _____

Occurrence/or Investigation Number: _____

Name and Badge Number of Officer: _____

Signature: _____

Phone Number: _____ Email: _____

This information is required by the law enforcement agency as part of a police investigation. (If requesting video surveillance footage include building site, camera angle or location, date and time of incident):

Pursuant to Section 36 of *The Police Act, 1990* and (reference the federal or provincial statute, or municipal bylaw including the specific subsection)

TO BE COMPLETED BY THE CITY OF PRINCE ALBERT

Personal Information Disclosed:

Name and Title of Authorized Official: _____

Date: _____ Signature: _____

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