



REQUEST FOR ACCESS TO INFORMATION  
AND PERSONAL INFORMATION

Act respecting Access to documents held by public bodies

INFORMATION

- This form is intended for any individual who wishes to request access to administrative documents or personal information from the Service de police de la Ville de Montréal (*hereinafter the SPVM*).

- Organizations, companies and lawyers cannot use this form. They must send their request in writing, on a letterhead.

- The personal information provided is collected under the *Act respecting Access to documents held by public bodies and the Protection of personal information (hereinafter the Access Act)*. The information will be stored, used and distributed based on the provisions of the Access Act.

- After processing your request, the personal information collected shall be destroyed by the SPVM, in accordance with the rules of the retention schedule under the *Archives Act*.

- To consult or correct information, you must make your request to the person responsible for access to documents at the SPVM.

- Please fill out the form in print.

1- REQUESTOR IDENTIFICATION

NAMEFIRST NAME

MAILING ADDRESS (NUMBER, STREET, APARTMENT , CITY, PROVINCE, POSTAL CODE)

TELEPHONE

EMAIL

Are you requesting the information on your own behalf?

☐ YES

☐ NO (If you checked “No”, fill out **section 6**)

2- IDENTIFICATION OF THE DOCUMENTS OR INFORMATION REQUESTED

☐ Access to personal information

☐ Access to administrative documents

2.1 TYPE OF DOCUMENT OR INFORMATION

Event report: (MTLEV report number)

☐ Investigation report

☐ Statement

☐ List of stolen goods

☐ Certificate of the qualified technician

Call history number: (calling card or file number)

☐ Calling card:

☐ Call audio:

Other documents (please specify):

2.2 SPECIFICATIONS

- If you do not know the event number, call history number, calling card or name of the desired document, please provide the necessary specifications to help us locate it (e.g., date, address and nature of the event, last name, first name and date of birth of the person involved in the event).

- For an administrative document, please specify the document's nature, subject (report, correspondence, etc.), date or period.

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| <b>3- SUBMITTING THE REQUEST AND FEES</b>   |
| Send your request to the <b>Archives and Access to Information</b> section: <ul style="list-style-type: none"><li>- By email: <a href="mailto:responsable.information@spvm.qc.ca">responsable.information@spvm.qc.ca</a></li><li>- By fax: 514-280-2985</li><li>- By mail: SPVM archives and access to information<br/>P.O. Box 47583 RPO Plateau Mont-Royal<br/>Montréal, QC H2H 2S6</li></ul> <ul style="list-style-type: none"><li>- Remember to include a copy of your piece of identification (if applicable), see <b>section 5</b>.</li></ul> Visit our website for the current rates: <a href="https://spvm.qc.ca/en/Fiches/Details/Access-to-Information">https://spvm.qc.ca/en/Fiches/Details/Access-to-Information</a> Or search for “ <b>Access to information SPVM</b> ” in your search engine. |

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| <b>4- RECEPTION OF DOCUMENTS</b>   |
| <input type="checkbox"/> By mail: the response will be sent to the requestor’s address, as indicated in <b>section 1</b> .   |
| <input type="checkbox"/> By email: the response will be sent to the email address used in the request.   |
| <input type="checkbox"/> To retrieve the documents at our offices: a member of the access to documents team will contact the requestor indicated in <b>section 1</b> to schedule an appointment. |

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| <b>5- SIGNATURE OF THE REQUESTOR AND PIECE OF IDENTIFICATION</b>   |                 |
| For a request for personal information: you must include a copy of a government-issued piece of identification (for example: heath card, driver's licence or passport). The identification must bear your signature and picture. The copy must be clearly legible. |                 |
| For a request for administrative documents: you do not need to provide a copy of your identification.  |                 |
| <input type="checkbox"/> Piece of identification:  |                 |
| SIGNATURE  | Date (yy-mm-dd) |

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| <b>6- AUTHORIZATION AND CONSENT</b>  |                 |
| <b>6.1 INFORMATION</b>   |                 |
| If your request is for access to another person’s personal information: <ul style="list-style-type: none"><li>-&gt; <b>For an adult:</b> include the consent of the person concerned, thereby authorizing the SPVM to disclose information about him/her. Fill out <b>section 6.2</b> or include the consent of the person concerned, signed and dated.</li><li>-&gt; <b>For a minor or disabled adult:</b> provide proof that you are the legal tutor of a minor or disabled adult (section 53 of the Access Act).</li><li>-&gt; <b>For a deceased person:</b> provide proof that you are the liquidator, an heir, a successor or a life insurance or death benefit beneficiary, along with proof of death, a copy of the will and a copy of the will search certificate confirming that this was the deceased person’s most recent will (section 88.1 of the Access Act).</li></ul> <b>Notes:</b> <ul style="list-style-type: none"><li>- In the event that you do not provide the consent of the person concerned or any other form of authorization, the personal information requested, other than those that concern you, will not be disclosed.</li><li>- The person who has given consent is required to inform the SPVM in the event that he/she wishes to revoke his/her consent. This consent is valid only once. A new consent is required for each request.</li></ul> |                 |
| <b>6.2 CONSENT OF THE PERSON CONCERNED</b>   |                 |
| I, the undersigned, _____<br>Name and first name of the person being represented Date of birth (yyyy-mm-dd)<br>residing at _____<br>Address (number, street, apartment, city, town or municipality)<br>hereby authorize the person designated in <b>section 1</b> to obtain the personal information concerning me with respect to what is set out in <b>section 2</b> and to disclose them to the person indicated in <b>section 1</b> .<br>This consent is valid for the duration of the request period, unless it is revoked, in writing.<br>I have read and understood the scope of this document and release the SPVM, its executives and its employees of any liability that may result from disclosing such information.  |                 |
| SIGNATURE  | Date (yy-mm-dd) |

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| <b>6.3 SPECIFICATIONS</b>  |
| <ul style="list-style-type: none"><li>- If you are making the request as the liquidator of a succession, or as an heir, successor or life insurance or death benefit beneficiary, please specify how this disclosure calls into question your interests or rights in this role. You must also provide written proof in this respect (see <b>section 6.1</b>)</li></ul> |