



**REQUEST FOR ACCESS TO INFORMATION
AND PERSONAL INFORMATION**
Act respecting Access to documents held by public bodies

INFORMATION
<ul style="list-style-type: none"> - 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 (<i>hereinafter the SPVM</i>). - 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 <i>Act respecting Access to documents held by public bodies and the Protection of personal information (hereinafter the Access Act)</i>. 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 <i>Archives Act</i>. - 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	
NAME	FIRST NAME
MAILING ADDRESS (NUMBER, STREET, APARTMENT, CITY, PROVINCE, POSTAL CODE)	
TELEPHONE	
EMAIL	
Are you requesting the information on your own behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you checked "No", fill out section 5)	

2- IDENTIFICATION OF THE DOCUMENTS OR INFORMATION REQUESTED
2.1 TYPE OF DOCUMENT OR INFORMATION
<p>Event report: _____ (<i>MTLEV report number</i>)</p> <p><input type="checkbox"/> Investigation report</p> <p><input type="checkbox"/> Statement</p> <p><input type="checkbox"/> List of stolen goods</p> <p><input type="checkbox"/> Certificate of the qualified technician</p> <p>Call history number: _____ (<i>calling card or file number</i>)</p> <p>Phone number used during the 9-1-1 call : _____</p> <p><input type="checkbox"/> Calling card: _____ <input type="checkbox"/> Call audio: _____</p> <p>Other documents (please specify): _____</p>
2.2 SPECIFICATIONS
<ul style="list-style-type: none"> - 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 (<i>e.g., date, address and nature of the event, last name, first name and date of birth of the person involved in the event</i>). - For an administrative document, please specify the document's nature, subject (<i>report, correspondence, etc.</i>), date or period.

3- SUBMITTING THE REQUEST AND FEES
<p>Send your request to Section de l'accès à l'information et des archives :</p> <ul style="list-style-type: none"> - By email: responsable.information@spvm.qc.ca - By fax: 514-280-2985 - By mail: SPVM archives and access to information P.O. Box 47583 RPO Plateau Mont-Royal Montréal (Québec) H2H 2S8 - Remember to include a copy of your piece of identification (<i>if applicable</i>), see section 6. <p>Please consult our website for the current rates: https://spvm.qc.ca/en/Fiches/Details/Access-to-Information Or search for "Access to information SPVM" in your search engine.</p>

4- RECEPTION OF DOCUMENTS – CHECK ONLY ONE BOX

- By mail: the response will be sent to the requestor's address, as indicated in **section 1**.
- By email: the response will be sent to the requestor's email address, as indicated in **section 1**.
- To retrieve the documents at our offices: a member of the access to documents team will contact the requestor indicated in **section 1** to schedule an appointment.

5- AUTHORIZATION AND CONSENT

5.1 INFORMATION

If your request is for access to another person's personal information, please follow the instructions below:

- **For an adult:** include the consent of the person concerned, thereby authorizing the SPVM to disclose information about him/her. Fill out **section 5.2** or include the consent of the person concerned, signed and dated;
- **For a minor or disabled adult:** provide proof that you are the legal tutor of a minor or disabled adult (*section 53 of the Access Act*);
- **For a deceased person:** provide proof that you are the liquidator of the succession, an heir, a successor or a beneficiary of life insurance or a death benefit. Also provide proof of death, a copy of the will and a copy of the testamentary research certificate indicating that it is the last will of the deceased (*section 88.1 of the Access Act*). Please specify how this communication affects your interests or rights in this regard. You must also provide written proof in this respect (*see section 5.1*)

Important notes:

- 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.
- 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.

5.2 CONSENT OF THE PERSON CONCERNED

I, the undersigned, _____
Name and first name of the person being represented Date of birth (yyyy-mm-dd)
 residing at _____,
Address (number, street, apartment, city, town or municipality)

hereby authorize the person designated in **section 1** to obtain the personal information concerning me with respect to what is set out in **section 2** and to disclose them to the person indicated in **section 1**.

This consent is valid for the duration of the request period, unless it is revoked, in writing.

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.

HANDWRITTEN SIGNATURE (ELECTRONIC SIGNATURE IS NOT ACCEPTED)

DATE (yy-mm-dd)

6. SIGNATURE OF THE REQUESOR AND PIECE OF IDENTIFICATION

For a request for documents containing personal information (*for example: event report*): you must include a copy of a government-issued piece of identification with photo and signature of the person concerned (*for example: health card, driver's licence or passport*). It is important that the copy be easily readable.

For a request for administrative documents (*for example: annual report*): you do not need to provide a copy of your identification.

HANDWRITTEN SIGNATURE (ELECTRONIC SIGNATURE IS NOT ACCEPTED)

DATE (yy-mm-dd)

7. PAYMENT

7.1 BY CHECK OR MONEY ORDER

If you pay by check or money order, it must be issued to the order of "Ville de Montréal" and be mailed to the address indicated in **section 3** of the form. - Please consult our web page for the amount.

7.2 BY CREDIT CARD

If you wish to pay the fees by credit card, complete the authorization below:

I, _____, authorize the Ville de Montréal to collect on my Credit Card the required amount for my request in accordance to section 11 of the *Act respecting Access to documents held by public bodies and the Protection of personal information*. In addition, I note that no amount will be charged if it is impossible to send me the documents.

Visa MasterCard

Credit card number

_____/_____
Expiration date

Security code

Signature of Credit Card holder

Date (yy-mm-dd)