



Personal Information Request (*Privacy Act*)

Instructions

By completing this form, you are making a formal request for your personal information pursuant to the *Privacy Act* for RCMP records. Written requests using Treasury Board Form TBC-350-58, or a written request mentioning the Act will also be accepted; please add your Date of Birth (yyyy-mm-dd) in the "Provide details regarding the information being sought" section. If you wish to make an informal request, contact the local RCMP office / detachment where the records are kept.

Describe the information being sought and provide all relevant details necessary to help the RCMP locate the requested information. Please include the city, RCMP detachment, and / or file number to expedite the search. If you require assistance, refer to [Info Source](#) (Sources of Federal Government Information) for a description of program records held by the institution or visit the [RCMP's ATIP](#) website. It is recommended that you also provide a photocopy of an approved government photo ID (driver's licence, passport, etc.) in order to expedite your request.

Mail your completed request to the following address:

Royal Canadian Mounted Police
Access to Information and Privacy Coordinator
73 Leikin Drive
Mail Stop 061
Ottawa, ON
K1A 0R2

Faxes and photocopies of this completed form are not accepted; send originals only.

When you receive an answer to your request, review the information to determine whether you wish to make a further request under this Act. You also have the right to complain to the Privacy Commissioner of Canada should you believe that you have been denied any of your rights under this Act.

Information

I wish to examine the information

As it is All in English All in French

Provide details regarding the information being sought. Include city, RCMP detachment or unit, and file number, if applicable.

Preferred Method of Access

Receive Copies of Originals Examine Originals in Government Office

Surname

Given Name

Street Address

City

Province

Postal Code (A9A 9A9)

Date of Birth (yyyy-mm-dd)

Telephone No.

I request access to personal information about myself under the *Privacy Act* as I am a Canadian citizen, permanent resident or another individual, including an inmate, present in Canada.

Signature

Date (yyyy-mm-dd)

The personal information provided on this form is protected under the provisions of the *Access to Information Act* and the *Privacy Act*.