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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **EDMONTON POLICE SERVICE**  **REQUEST FOR EPS FILES** | | | | | | EPS Occurrence No. | | | |
|  | | | |
| The personal information on this form will be collected and shared for the purposes outlined in Sections 39 to 43 of the *Freedom of Information and Protection of Privacy (FOIP) Act* and other legal requirements where they are consistent with the *FOIP Act*. If you have any questions regarding the collection of information, contact the Edmonton Police Service FOIP Coordinator at 780-421-3346. | | | | | | | | | | | |
| **Applicant (Please Print Clearly)** | | | | | | | | | | | |
| Surname Given Names | | | | | | | Date of Birth | | | | |
| Year | | Month | | Day |
| Address | | | | | | | Postal Code | | | | |
| City / Province | | | | Business Telephone No. | | | Personal Telephone No. | | | | |
| **Request for Police Report** | | | | | | | | | | | |
| Provide copy of Police Report or Confirmation Letter – **Cost:** (***with*** EPS file number) **$52.50 *per*** file  **Cost:** (***without*** EPS file number) **$78.75 *per*** file  Provide copy of Collision Report – **Cost: $52.50 *per*** file **or** **$78.75 *per*** file (***without*** EPS file number)  My involvement in this collision:  Driver  Owner  Passenger | | | | | | | | | | | |
| **If you were a passenger, the Driver was:** | | |  | | | | | | |  | |
| Occurrence Number(s) (if known) | | | | | | | | | | | |
| Date and Time of Occurrence / Collision | | | | Location of Occurrence / Collision | | | | | | | |
| Reason for Request        **It is recommended you contact the Routine Disclosure Unit at** [**routinedisclosure@edmontonpolice.ca**](mailto:routinedisclosure@edmontonpolice.ca) ***prior* to making your request to determine file number(s), if the occurrence is available for release, length of processing period and whether fees will apply.** | | | | | | | | | | | |
| **Delivery Options** | | | | | | | | | | | |
| Mail | E-Mail – please provide an e-mail address: | | | |  | | | | |  | |
| Signature of Applicant | | | | | | Date | | | | | |

**\*\*Certified Cheques and Money Orders only. Please make payable to the City of Edmonton\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Police Use Only – Proof of Identification** | | | | | |
| 3rd Party Agency (please attach Third Party Consent Form) | | | | | |
| 2 PIECES OF IDENTIFICATION USED \*\*ONE PIECE MUST BE CURRENT, PHOTO GOVERNMENT ISSUED ID\*\* | | | | | |
| Driver’s Licence | Citizenship Card | Passport | | Social Insurance Card | National Defense Card |
| Birth Certificate | Permanent Resident Card | Indian / Metis Status Card | | Health Care Card | Other: |
| **IDENTIFICATION CONFIRMED BY (EPS EMPLOYEE / REG # AND UNIT):** | | |  | | |