



## REQUEST FOR INFORMATION RELATED TO A LAW ENFORCEMENT INVESTIGATION

**CONFIDENTIAL WHEN COMPLETED**

--- This section to be completed by the requester or staff member receiving request ---

<b>Name</b>		<b>Telephone</b>	
<b>Organization</b>		<b>Fax Number</b>	
<b>Title/Position</b>		<b>E-mail Address</b>	
<b>Badge # / Staff ID</b>		<b>Cell Phone</b>	
<b>Date Requested</b>		<b>Date Required</b>	

Provide a detailed description of the requested information, and indicate the preferred format for disclosure:

<input type="checkbox"/> <b>Receive Copy</b> <input type="checkbox"/> <b>View Original</b> <input type="checkbox"/> <b>Verbal Response</b> <input type="checkbox"/> <b>Email</b> <input type="checkbox"/> <b>Fax</b>

This information is required for the following:

Reason(s) for Request	Incident #
Law Enforcement Proceeding	
Investigation	
Public Safety	
Other (Please Describe):	

By signing below, you certify that the following is true and accurate,

I am authorized to act as a representative of the above named law enforcement agency and the requested information is required to aid an investigation with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result

<b>Requestor Signature</b>		<b>Date:</b>
<b>Name of Platoon Staff Sergeant</b>		<b>Telephone Number:</b>
<b>Signature of Platoon Staff Sergeant</b>		<b>Date:</b>

--- This section to be completed by City of North Bay staff ---

<b>Request Received By (Name):</b>	<b>Date Received</b>
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Recommendation on Disclosure:


<b>Manager/Designate Signature</b>	<b>Date of Response</b>
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