NIAGARA REGIONAL POLICE SERVICE

REQUEST FOR RECORDS FROM INSURANCE DESK

REQUEST FOR:

- ☐ Incident Report (**e.g. B&E, Fraud, Theft, Stolen Property, Property Damage- not caused by vehicle, Lost/Stolen Passport ID *International Only*)** *For Canadian Passports please visit Passport Canada*
- ☐ Officer's Notes (**MVC Report Only**)
- ☐ Witness Statements (**MVC Report Only**)

DETAILS:

APPLICANT'S FIRST NAME:	**APPLICANT'S LAST NAME:**
FULL MAILING ADDRESS (INCLUDING POSTAL CODE):	
E-MAIL ADDRESS:	
AGENCY CONTACT NAME: *(if applicable)*	
PHONE NUMBER:	**INCIDENT NUMBER (if known):**
DATE AND TYPE OF INCIDENT:	**LOCATION OF INCIDENT:**

Signature: _____

For Office Use Only:

Receive digitally: yes / no To be picked up at District #:	Ok to leave voicemail? (If needed): yes / no
Notify when report is ready for pickup: yes / no	Incident report to be mailed to above address: yes / no
I.D. verified and copy attached: yes	Paid: yes no Receipt #:
Clerk Name & Member #:	Comments:

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Records Manager, Niagara Regional Police Service.

FORM 606.26.01