

**REQUEST FOR INFORMATION  
RELATED TO A LAW ENFORCEMENT  
INVESTIGATION**



**CONFIDENTIAL WHEN COMPLETED**

<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>	
<b>Provide a detailed description of the requested information, and indicate the preferred format for disclosure:</b>			
<b>This information is required for the following:</b>			
<b>Reason(s) for request</b>		<b>Incident #</b>	
<input type="checkbox"/> Law Enforcement Proceeding			
<input type="checkbox"/> Active Investigation			
<input type="checkbox"/> Investigation with warrant or summons			
<input type="checkbox"/> Building case for warrant or summons			
<input type="checkbox"/> Issuing of warrant or summons			
<input type="checkbox"/> Public Safety			
<input type="checkbox"/> Other (Please Describe):			
<b>Requestor Signature</b>		<b>Date</b>	

**Once completed please email to [PSVinfo@regionofwaterloo.ca](mailto:PSVinfo@regionofwaterloo.ca) or Fax form to 519-650-3855**

-- This section to be completed by Region of Waterloo staff ---

<b>This information is released under the following legislative authority:</b>			
<p align="center"> <a href="#">MFIPPA Section 32 (g)</a>                      "to aid an investigation with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result."  <a href="#">PHIPA Section 43(1)(f)</a>                      "A health information custodian may disclose personal health information about an individual in the circumstances described in 32(c), (g) or (l) of MFIPPA"                 </p>			
<b>Request Received By (Name):</b>		<b>Date Received</b>	