

APPENDIX B

MUNICIPAL DISTRICT BONNYVILLE NO. 87

Law Enforcement Surveillance Disclosure Request Form

**Request for Disclosure under Section 40(1)(q) of the
Freedom of Information and Protection of Privacy Act**

In accordance with section 40(1)(q) of the *Freedom of Information and Protection of Privacy Act*

Name of Public Body or Law Enforcement Agency

Requests disclosure of personal information pertaining to

Name of individual or other identifier/ incident

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View Video Surveillance

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Receive Digital Copy

General Description of Request

Date of Incident: _____ **Time:** _____ **Location:** _____

Reference to a Federal or Provincial Statute or Local Public Body Bylaw by Section or Description of Purpose

Requesting Official:

Name: _____ Title: _____ Signature: _____

Badge Number: _____ File Number: _____

Note: This completed record may qualify for exception to disclosure under section 20 of the Freedom of Information and Protection of Privacy Act.

M.D. of Bonnyville No. 87 FOIP Office use Only

I, _____
Name of Disclosing Official

☐

consent to, or

☐

refuse this disclosure

of personal information.

Authorized Dislosing Official

Name: _____ Title: _____ Signature: _____

Date Received: _____ Date Processed: _____ File No.: _____