

Consent Form

Authorization for Release of Information

1. Requestor Information:

Firm/ Company Name: _____

Requestor Name: _____

Requestor Reference File #: _____

2. Client Information:

Client Name: _____

First Name, Last Name

Date of Birth: _____ / _____ / _____

MM DD YYYY

Police Report/ Case Number: _____

License Plate #: _____

Date of Incident: _____ / _____ / _____

MM DD YYYY

Location of incident:

(street name/ intersections)

3. Consent to Release

I, _____ of _____, in the City of _____,
Client Current Address City

hereby direct the Ottawa Police Service to release any and all records, reports, notes, witness statements and any other documentation related to the above noted file to the firm of

_____, at _____, Ottawa, ON.
Insurance Name/ Firm Name Business Address

Dated at Ottawa, Ontario, this _____ day of _____, 20_____.
day month year

Witness Printed Name

Printed Name (Client)

Witness Signature

Signature

Send completed Consent form and payment to the following address:

Ottawa Police Service
Records Department
PO Box 9634, Station T
Ottawa, ON K1G 6H5

Cheque/Money Orders to made payable to the *Treasurer of the City of Ottawa*.

Refer to www.ottawapolice.ca for latest rate information.