



Request for Surrey Fire Service Records

Date of Request: _____

REQUESTOR'S INFORMATION

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Company: _____

File #: _____

AUTHORIZATION

Are you requesting access to another person's personal information? **YES** or **NO**

If you answered yes, please note: Section 22 of the Freedom of Information and Protection of Privacy Act requires the City to remove personal information unless the individual has consented in writing for it to be disclosed to you. You will not receive someone else's personal information if you do not include authorization to release from that person.

I AM REQUESTING:

Name of Record	Fees	✓
Motor Vehicle Incident Report	\$163.50 per incident	<input type="checkbox"/>
Medical or Other Incident Report	\$163.50 per incident	<input type="checkbox"/>
Structure Fire Incident/Investigation Reports including photos (if applicable)	\$121.00 per incident	<input type="checkbox"/>
Motor Vehicle Fire Incident/Investigation Reports including photos (if applicable)	\$121.00 per incident	<input type="checkbox"/>
Incident Questionnaire <i>(Can be requested only after you have requested and received the Incident Report)</i>	\$169.50 per request	<input type="checkbox"/>
Dispatch Recording Application Fee for:		<input type="checkbox"/>
1. Motor Vehicle Incident, Vehicle Fire Incident, Medical Incident or Other Incident	\$121.00 per incident*	<input type="checkbox"/>
2. Structure Fire Incident	\$519.50 per incident*	

**Additional fees may be levied based on the actual cost of providing the services including the cost of locating and retrieving the records, preparing the records for disclosure, providing a copy of the records and shipping and handling the records. The City may provide an estimate and require payment of a deposit prior to providing the services.* 1 of 2

MOTOR VEHICLE INCIDENT: FEE \$163.50

Address or Intersection: _____

Incident date: _____ Incident time: _____

Please indicate who you are or who you represent and your vehicle (or your client's) (if applicable):

Driver Vehicle Make/Model/Color/Plate No.: _____

Passenger Vehicle Make/Model/Color/Plate No.: _____

Pedestrian

Any additional comments: _____

MEDICAL OR OTHER INCIDENT: FEE \$163.50

Address or Intersection: _____

Incident date: _____ Incident time: _____

STRUCTURE FIRE INCIDENT: FEE \$121.00

Address or Intersection: _____

Incident date: _____ Incident time: _____

MOTOR VEHICLE FIRE INCIDENT: FEE \$121.00

Address or Intersection: _____

Incident date: _____ Incident time: _____

INCIDENT QUESTIONNAIRE: FEE \$169.50 (May be requested after you have received Incident Report)

Incident number: _____

Incident date: _____ Incident time: _____

HOW TO MAKE A PAYMENT WITH THIS FORM

Payment can be made in person (at the above address) by:
Cash, Debit Card, Credit Card or Cheque payable to "City of Surrey"

Personal Information is collected for the purposes of processing your request for records. The City of Surrey is collecting this information under s.26 (c) of the *Freedom of Information and Protection of Privacy Act*. For questions regarding the collection of personal information, please contact Surrey Fire Service c/o Fire Records, 8767-132 St, Surrey, BC V3W 4P1, call 604-543-6731 or email firerecords@surrey.ca