



AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize the Peel Regional Police to release a copy of :

Please check one:

- Motor Vehicle Accident Report
- Officers Notes/Witness Statements
- Other (please describe) _____

Date of Incident: _____
day/month/year

Location of Incident: _____

Occurrence Number if known: _____

The documents may be released to: _____
Name of Recipient

Signature

Date

Witness Signature