



# 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

Occurrence Report

Other (please describe)

Date of Incident (YYYY-MM-DD)

Occurrence Number if known

Location of Incident

The document may be released to

Name of Recipient

Print Name

Signature

Date (YYYY-MM-DD)

Print Witness Name

Witness Signature

Date (YYYY-MM-DD)