



Request for Reconsideration of a Police Record Check

Please PRINT Clearly

Please visit our website at www.stps.on.ca or call 519-631-1224 for more information.

PERSONAL INFORMATION						
Surname			First Name			
Middle Name			Other Names Used			
Contact Telephone Number			Gender	Date of Birth	YY	MM DD
Mailing Address	Number/Unit	Street	City	Province	Postal Code	
CHECK LIST						
1. Have you attached a copy of your Police Record Check?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2. Have you attached any other supporting documentation? (a maximum of 5 pages)			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
COMMENTS						
FOR POLICE USE ONLY						
Action		Who		Date (YY/MM/DD)		
<input type="checkbox"/>	Request Approved					
<input type="checkbox"/>	Request Denied					
<input type="checkbox"/>	Decision Letter Sent					