



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						