

# REQUEST FOR RECONSIDERATION OF A POLICE RECORD CHECK

Please visit our website [www.wrps.on.ca](http://www.wrps.on.ca) for more information.

Personal information contained on this form is collected pursuant to the *Police Service Act s.41* and is collected for the purpose of processing a police check. Questions concerning this collection should be directed to the Access to information Unit at 519-570-9777 ext. 8514 or email [foi@wrps.on.ca](mailto:foi@wrps.on.ca).

## PERSONAL INFORMATION

Surname (last name)		Given name(s)			
Middle Name		Other Names Used			
Date of Birth (YY/MM/DD)	Contact Telephone Number		Gender		
Mailing Address					
Number	Street	Apt.	City	Prov/Terr./State	Postal/ZIP code

## CHECK LIST

1. Have you attached a copy of your Police Record Check?	Yes	No
2. Have you attached any other supporting documentation: (a maximum of 5 pages)	Yes	No

## COMMENTS

## FOR POLICE USE ONLY

Action		Who	Date (YY/MM/DD)
Fee Collected	C      D		
Request Approved			
Request Denied			
Decision Letter Sent			