



Request for Reconsideration of a Police Record Check

Please visit our website apscops.org or contact DM Sayers-Lariviere @ 705-946-2539 ext 227 for more information.

PERSONAL INFORMATION					
Last name:			First name:		
Middle name:			Other Names Used:		
Contact Telephone Number:			Gender	Date of Birth _____ <small>yyyy/ mm/ dd</small>	
Mailing address:	# and Street name	Apt #	City	Prov	Postal Code
CHECK LIST					
1. Have you attached a copy of your Police Record Check?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Have you attached any other supporting documentation: (a maximum of 5 pages)		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
COMMENTS					
FOR POLICE USE ONLY					
Action			Who		Date (yyyy/mm/dd)
Fee Collected	C <input type="checkbox"/>	D <input type="checkbox"/>			
<input type="checkbox"/> Request Approved					
<input type="checkbox"/> Request Denied					
<input type="checkbox"/> Decision Letter Sent					