

## Request for Reconsideration of a Police Record Check

Please visit ottawapolice.ca or contact Background Clearance Section for more information at 613-236-1222 ext. 5485.

PERSONAL INFORMATION					
Last name:		First name:			
Middle name:		Other Names Used:			
Contact Telephone Number:		Gender	Date of Birth	Date of Birth	
Mailing address:	# and Street name Apt #	City	/	Prov	Postal Code
CHECK LIST					
1. Have you	attached a copy of your Police Red	cord Check?	Υ	⁄es	No
2. Have you	cumentation:	Υ	⁄es	No	
(a maximi	um of five pages)				
CONTRACTOR					
COMMENTS					
FOR POLICE USE ONLY					
Action		Who		Date (yyy	ry/mm/dd)
	Request Approved				
	Request Denied				
	Decision Letter Sent				