



SAULT STE. MARIE POLICE SERVICE

REQUEST FOR RECONSIDERATION OF A POLICE RECORD CHECK
THIS REQUEST MUST BE SUBMITTED WITHIN 45 DAYS OF THE DATE OF THE RECORD CHECK

PERSONAL INFORMATION		
Surname (last name):		Given Name(s):
Middle Name(s):		Other Names Used:
Date of Birth (DD/MMM/YY):	Contact Telephone Number:	Sex (as shown on ID):
Mailing Address:		
Civic	Street	Apt. City Prov/Terr Postal Code

CHECKLIST			
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? (10 pages maximum)	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

COMMENTS

PAYMENT MUST ACCOMPANY THIS FORM.

_____ (Signature) _____ (date)

FOR POLICE USE ONLY		
ACTION	WHO	DATE (DD/MMM/YY)
<input type="checkbox"/> Request Approved		
<input type="checkbox"/> Request Denied		
<input type="checkbox"/> Decision Letter Sent		

Personal information contained on this form is collected and disclosed pursuant to the Municipal Freedom of Information and Protection of Privacy Act, s. 29(1), s. 32, and the Community Safety and Policing Act, 2019, s. 80(1). Questions concerning this collection should be directed to the Sault Ste. Marie Police Service, Information Services, at 705-949-6300 x326. Questions concerning this collection should be directed to the Information Services Clerk at (705)949-6300 ext. 326, saultstемarie@policesolutions.ca.