



## RECONSIDERATION REQUEST

Record Type	
Special Interest Police (S.I.P.) Records Check (Please attach a copy of your Police Records Check)	

Surname:
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First Name:
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Middle Name:	Other Name(s) Used:
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Date of Birth: (YYYY-MM-DD)	Gender:	Male	Female
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Mailing Address:	Number / Unit	Street	Prov.	Postal Code
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Contact Telephone Number:
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Comments:
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Have you attached any other supporting documentation?	Yes	No
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Police Use Only	Date (YYYY-MM-DD):
Request Approved	
Request Denied	
Decision Letter Sent	