



RECONSIDERATION REQUEST

Record Type				
Special Interest Police (S.I.P.) Records Check (Please attach a copy of your Police Records Check)				
Surname:				
First Name:				
Middle Name:		Other Name(s) Used:		
Date of Birth: (YYYY-MM-DD)		Gender:	Male	Female
Mailing Address:	Number / Unit	Street	Prov.	Postal Code
Contact Telephone Number:				
Comments:				
Have you attached any other supporting documentation? Yes No				
Police Use Only		Date (YYYY-MM-DD):		
Request Approved				
Request Denied				
Decision Letter Sent				