



**Midland
Police
Service**

Request for Reconsideration of a Police Record Check

Please PRINT Legibly

Please visit our website at www.police.midland.on.ca or call (705) 527-6633 for more information.

PERSONAL INFORMATION

Surname		First Name			
Middle Name		Other Names Used			
Contact Telephone Number	Gender	Date of Birth	YY	MM	DD
Mailing Address	Number/Unit	Street	City	Prov.	Postal Code

CHECK LIST

- Have you attached a copy of your Police Record Check? Yes No
- Have you attached any other supporting documentation?
(a maximum of 5 pages) Yes No

COMMENTS

FOR POLICE USE ONLY

Action		Who	Date (YY/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		