



REQUEST FOR RECONSIDERATION OF A POLICE CRIMINAL RECORD CHECK

*For more information, please visit our website at <http://police.brandon.ca/> or call 204-729-2311.

*PLEASE WRITE LEGIBLY	DATE OF REQUEST:	
PERSONAL INFORMATION		
SURNAME:	FIRST NAME:	
MIDDLE NAME:	MAIDEN NAME:	
OTHER NAMES USED:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH:	PLACE OF BIRTH:	
TELEPHONE (HOME):	TELEPHONE (OTHER):	
CURRENT ADDRESS:	CITY:	
PROVINCE:	POSTAL CODE:	
APPLICANT CHECKLIST		
HAVE YOU ATTACHED YOUR CURRENT POLICE RECORD CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU ATTACHED ANY OTHER SUPPORTING DOCUMENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU WISHING TO APPEAR IN PERSON? <input type="checkbox"/> YES* <input type="checkbox"/> NO		
<i>*If yes, please provide an explanation why below.</i>		
PLEASE PROVIDE AN EXPLANATION OF WHY YOU ARE REQUESTING RECONSIDERATION <i>*If more space is required, please attach additional pages as needed.</i>		
FOR POLICE USE ONLY		
REQUEST APPROVED: <input type="checkbox"/>	REQUEST DENIED: <input type="checkbox"/>	DECISION LETTER SENT: <input type="checkbox"/>
Panel Member 1:	Date Signed:	
Panel Member 2:	Date Signed:	
Panel Member 3:	Date Signed:	