



NIAGARA REGIONAL POLICE SERVICE

Request for Reconsideration of a Police Vulnerable Sector Check

Last Name:		First Name:		Middle Name:	
Maiden Name or Other Surnames used:					
Number and Street Name:					Apt/Unit #:
City:		Province:	Postal Code:	Date of Birth (YYYY-MM-DD):	

CHECK LIST:

1. Have you attached a copy of your Police Record Check? Yes No
2. Have you attached any other supporting documentation:
(a maximum of 4 pages) Yes No

COMMENTS:

FOR POLICE USE ONLY

Action	Who	Date (yyyy/mm/dd)
<input type="checkbox"/> Request Approved		
<input type="checkbox"/> Request Denied		
<input type="checkbox"/> Decision Letter Sent		