

CONFIDENTIAL

POLICE CHECK
CRIMINAL RECORD CHECK

REQUESTED BY: BRANT-BRANTFORD CRIME STOPPERS

IN REGARD

TO: _____
SURNAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR SURNAME USED _____

DATE OF BIRTH: _____
YEAR MONTH DATE

CURRENT ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

REASON FOR POLICE CHECK: _____

AUTHORIZATION:

I HEREBY AUTHORIZE BRANT-BRANTFORD CRIME STOPPERS INC. TO CONTACT THE BRANTFORD POLICE SERVICE AND/OR THE ONTARIO PROVINCIAL POLICE TO OBTAIN INFORMATION THEY MIGHT HAVE CONCERNING ANY CONVICTIONS OR CRIMINAL OFFENSES RELATING TO ME AND FURTHER, I AUTHORIZE AND DIRECT THE BRANTFORD POLICE SERVICE AND/OR THE ONTARIO PROVINCIAL POLICE OR ANY OF ITS OFFICERS OR OFFICIALS TO DIVULGE ANY SUCH INFORMATION TO THE BRANT-BRANTFORD CRIME STOPPERS INC. OF BRANTFORD, IN THE EVENT A REQUEST IS MADE BY THAT ORGANIZATION TO THE POLICE SERVICE FOR SUCH INFORMATION.

DATE: _____ SIGNED: _____

WITNESS: _____

POLICE CHECK: _____

DATE: _____ SIGNED: _____

BRANTFORD POLICE SERVICE