



(PLEASE PRINT CLEARLY IN BLUE INK)

I _____ give Calgary Police Service permission to complete a
PRINT YOUR NAME
Police Information Check on my behalf.

I _____ give my representative _____
PRINT YOUR NAME PRINT REPRESENTATIVE'S NAME
permission to apply for a Police Information Check on my behalf.

I give Calgary Police Service permission to:

- Mail this letter to my representative's mailing address.
- Mail this letter back to me.

Signature (Must be original/not photocopied and in blue ink)

Date

Email Address

Please confirm representative's mailing address.

Apt and Street Address

City

Province/State

Postal Code

Country