

	(date)
Detachment Name & Address)	
Re: Application for Criminal Record C	theck for volunteers of the
	Citizens on Patrol Program.
name of COPP group)	
I am requesting the Criminal Record C become a member of our COPP group	Check fee be waived for the following individual to o:
(Name)	
Feel free to contact me if you have an	y questions and thank you for your assistance.
Sincerely,	
(Signature)	(Position)
(Legible Signature Name)	