CONFIDENTIAL

CITIZEN OR MUNICIPAL ADMINISTRATOR REQUEST
ANNEX

Clear data

Request number (for police service only)

5. VALIDATION (CONTINUED)

ACTIONS TAKEN DURING THE VALIDATION

Date (yyyy-mm-dd)	Started at (hh:mn)	Ended at (hh:mm)	Badge number	Actions/results

REDACTION

Written by (Surname, given name)	Badge number	Unit

REVIEW

Reviewed by	Badge number	Date (yyyy-mm-dd)

Print form

Send form