

NISHNAWBE-ASKI POLICE SERVICE

File No.: 700 00

MEMORANDUM

TO:

Nishnawbe-Aski Legal Services Corporation

FROM:

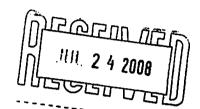
Nishnawbe-Aski Police Service

DATE:

July 17, 2008

SUBJECT:

LOCAL RECORDS CHECK



Your request for a local records check on HEATHER THERESA BAILLIE (NEE TOSET) D.O.B.: 1963-07-28, has come back negative.

Sincerely,

NISHNAWBE-ASKI POLICE SERVICE

A/Insp. R.Roy

P.O. Box 698, 25 Airport Rd., Sioux Lookout, Ontario P8T 1B1
Phone (807) 737-4045 - Fax (807) 737-7331



NISHNAWBE-ASKI POLICE SERVICE

CONSENT TO DISCLOSURE OF CRIMINAL RECORD INFORMATION RELEASE AND DISCHARGE RELATING TO CONSENT

PLEASE PRINT CLEARLY					
1. Baillie Heath		mame Mi		eresa, Iddle name	
Mulden Name (if applicable)	Date of Birth 63 Year	Month Day	Male	Female_V_	
Present Address: 187 E. Fra List Previous Addresses for last 5 years	ncis St. Th s (if less than 5 years	under Bu at above address	y, ON	<u>P76-4A9</u>	
Telephone - Home: 807-623	2-1199	Work:	07-622 Ext. 7	<u>-1413</u>	
I hereby authorize the Nishnawbe-Aski	Police Service to rele	tase ta:	EXT	07/	
Nume of Organization: NISHNAWBE-ASKI LEGAL SERVICES CORPORATION Such records of criminal convictions for which a pardon has not been granted and records of outstanding criminal charges of which the Nishnawbe-Aski Police Service is aware.					
**In addition to a Criminal Record Search, this organization requires that I provide results of a Vulnerable					
Sector Screening search (please circle appropriate response): Yes (appropriate forms attached) No					
RELEASE OF DISCHARGE					
I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Chief of Police of the Nishnawbe-Aski Police Service and all members and employees of the said Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Nishnawbe-Aski Police Service to the above-named organization.					
l acknowledge that information so disclosed information relates and my fingerprints.	d may be confirmed onl	y by a comparison	of the fingerprin	is on file to which the	
I hereby acknowledge and declare that the	terms of this authorizat	ion for release of i	nformation are f	ully understood by me.	
In witness whereof. I have hereunto set	my hand this	7_day of1	may :	20_08	
Signed in the presence of: Withess		Healhy	1. Bail	lie	
I certify that I have verified the applicat	nts information with p	photo identification	on:		
Officer Name & Badge Number					