

Request for Test Results

Please Print

Last Name: _____

First Name: _____

Return Address: _____ Apt#: _____

City : _____ Prov: _____ Postal Code: _____

Phone: () _____ - _____

Name of Test Requested: OF-Fire Fighting CPS Entry Fire Fighter

For which City recruitment: _____

Date of writing: _____

I would like: 1 copy **\$10.00 for each test requested** (all taxes are included, regular mail)

2 copies **\$15.00 for each test requested** (all taxes are included, regular mail)

Total amount to be included: \$ _____

Please check method of payment

Certified Cheque* Money Order* **mail to and make payable to Gledhill-Shaw Enterprises Ltd*

VISA only (if you submit a VISA Card number please sign and date the form)

— — —

(print clearly)

Card Number

—

Expiry Date

Signature _____

Date _____

Mail to:
Box 55
King City, ON
L7B 1A4

Fax:
905 833-6632