

Background Check Request

NOTE: Please print clearly. You will be contacted upon completion of your request.
You must provide a contact phone number and email address.

Request Date: _____ Time: _____ AM PM

Requested by: _____

Phone #: _____

Division: Criminal Traffic Civil

Email address: _____

If there are any outstanding or pending matters in any division, they will be included on the background.

Name of Person: _____ DOB: _____

Other Names or Aliases: _____ SS#: _____

Year(s): _____

REASON FOR REQUEST: _____

Please indicate action requested:

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OFFICIAL USE ONLY

Received by: _____ Date: _____ Time: _____ AM PM

REQUEST COMPLETED Staff Initials: _____

CONTACT INFORMATION

Contact 1

Person Contacted: _____ Staff Initials: _____

Time Called: _____ Date: _____

Comments: _____

Contact 2

Person Contacted: _____ Staff Initials: _____

Time Called: _____ Date: _____

Comments: _____

REQUESTING PARTY

Received by: _____ Date: _____ Time: _____ AM PM