

Background Check Request

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

Date of Request: _____ Time: _____ AM/PM
Requested by: _____
Address: _____ City: _____ Zipcode: _____
Phone #: _____

Division: Criminal Traffic Civil

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:
Certified Copies- \$5.00 Per Certification
Copies- 50¢ Per Page

OFFICIAL USE ONLY
Received by: _____ Date/Time: _____
Forward to: _____

Request Completed
Staff Initials: _____ Date/Time: _____

Contact 1

Person Contacted: _____
Time Called: _____ Date: _____
Comments: _____

Contact 2

Person Contacted: _____
Time Called: _____ Date: _____
Comments: _____

Contact 3

Person Contacted: _____
Time Called: _____ Date: _____
Comments: _____

REQUESTING PARTY
Received by: _____
Date: _____ Time: _____ AM/PM