Background Check Request

Requested by: Address: Phone #: Division: Criminal Traffic Civil	Date of Request:	You must provide	•			
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Division: Criminal Traffic Civil			City:		Zipcode:	
Staff Initials: Date: Da						
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Other Names or Aliases Year(s) REASON FOR REQUEST: Certified Copies - \$5.00 Per Certification Copies - \$50.9 Per Page	If there are any <u>outstanding</u>	g or pending mat	<u>ters</u> in any divis	ion, they will be in	ncluded on the bac	kground.
Year(s) REASON FOR REQUEST: Please indicate action requested: Certified Copies- \$5.00 Per Certification Copies- 50x Per Page OFFICIAL USE ONLY Date/Time: Forward to: Date/Time: Please to the page of the	Name of Person:					
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