

**NATIONAL CITY POLICE DEPARTMENT
APPLICATION FOR LOCAL RECORD CHECK LETTER
(PLEASE PRINT LEGIBLY)**

NAME _____
(LAST) (FIRST) (MIDDLE) (SUFFIX)

CURRENT RESIDENCE ADDRESS _____
(NUMBER AND STREET, APT. #

(CITY, STATE, ZIP)

MAIDEN NAME(S) OR AKA'S USED _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(STATE/COUNTRY)

DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NUMBER _____ TEL. # _____

WHEN DID YOU RESIDE IN NATIONAL CITY? FROM _____ TO _____
(DATE) (DATE)

AT WHAT ADDRESS? _____

I certify, under penalty of perjury, that the information I have provided above is true and correct and is needed for the purpose of _____. I further understand tht the local record check letter will be mailed to me within seven (7) working days at my current residence address.

Signature Date of Application

OFFICE USE ONLY

ID CHECKED BY _____ RECEIPT ISSUED _____

RECORD CHECK CONDUCTED BY _____

LETTER PREPARED BY _____ DATE MAILED _____