

# POWELL POLICE DEPARTMENT



## Background Check Request

Records in possession of Powell Police Department only. Does not include records of Park County Sheriff's Office or any other jurisdiction.

**State or Federal issued photo I.D. & \$2.00 are required before request will be filled.**

**Date of Request:** \_\_\_\_\_ **Time of Request:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Powell Police Department to conduct a local background check on me. Signed \_\_\_\_\_

Full Name:			
Other Names, including maiden or nicknames, you have been known by:			
Date of Birth:		Social Security #:	
Address-Physical:		Address-Mailing:	
Home phone #:		Cell phone #:	
Work phone #:		Fax #:	
E-Mail Address:			
Preferred means of delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pick Up	E-Mail	Mail
			Fax
Who will pick it up? (If different than person requesting information, document must be notarized)			
Purpose for Request: (This field not required. This information will help us expedite your request)			

State of Wyoming

County of Park

The foregoing instrument was acknowledged by \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires

\_\_\_\_\_  
Signature of releasing official

**PD use only: Records check incident #**

# POWELL POLICE DEPARTMENT



## 🌐 Copy of Case or Incident

Records in possession of Powell Police Department only. Does not include records of Park County Sheriff's Office or any other jurisdiction.

**All fees for cases must be paid in full before records will be released.**

Charges: \$.15 per page for case reports. \$10 per CD

**Date of Request:** \_\_\_\_\_ **Time of Request:** \_\_\_\_\_

I, \_\_\_\_\_, hereby request a copy of the records listed below. Signed \_\_\_\_\_

Full Name:			
Address-Physical:		Address-Mailing:	
Home phone #:		Cell phone #:	
Work phone #:		Fax #:	

Case number:	
Incident number:	
Type of Record:	
Date of Incident:	
Time of Incident:	
Names of persons involved	
Preferred means of delivery:	<input type="checkbox"/> Pick Up <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax
Who will pick it up?	

Purpose for Request: (This field not required. This information will help us expedite your request)

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Additional Information if Needed:
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<i>PD use only: List of Records Released</i>
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Signature of releasing official	<i>PD use only: Records check incident #</i>
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