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. & \$5.00 are required before request will be filled. Fax is \$0.50 per page.

Date and Time of Request:			
Ι,	, hereby authorize Powell Police Department to		
conduct a local background check on	me. Signed:		
Full Name:			
Other Names, including maiden or	nicknames yo	ou have been known by:	
Date of Birth:		Cell Phone #:	
Social Security #:		Home Phone #:	
Address- Physical :		Work #:	
Address- Mailing:		Fax #:	
Email Address:			
Preferred Means of Delivery:	Pick Up	Fax \$0.50 per page	E-mail
Who will pick it up? (if different than person requesting information)	•		
Purpose for Request: (Not required. However, this information will help expedite your request.)	•		_

Dispatcher Taking Request

^{*}Please attach copy of receipt to request