

RECORDS AND IDENTIFICATION
REQUEST FOR SERVICE

FROM: _____
Full printed name of individual

DATE: _____

Name of Company, Firm or Agency

Complete Address (No P.O. Box)

SERVICE
REQUEST:

RECORDS CHECK

Name ---Last, First M.I.

Maiden Name

Date of Birth

COPIES OF REPORTS

RAP SHEET

ARREST TICKET

OTHER (SPECIFY) _____

Name ---Last, First M.I.

Date of Birth

Booking #

R & I #

FINGERPRINTING (FEE PAID)

ID CHECKED BY S# _____ HANDLED BY S# _____ FEE COLLECTED BY S# _____

FORM OF PMT

& AMOUNT CASH: _____ CHECK: _____ ACCOUNT: _____ NO FEE _____

CASHIER'S CHECK, COMPANY CHECK OR MONEY ORDER