

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