

DO NOT PROCESS unless
machine validated here

SEND THIS FORM WITH FEE TO:

CITY OF PHILADELPHIA
DEPARTMENT OF RECORDS
168 CITY HALL
PHILADELPHIA, PA 19107

DO NOT MAIL CURRENCY
CASH MAY BE PAID IN PERSON OR,
MAKE CHECK PAYABLE TO:
"CITY OF PHILADELPHIA"

RETURN ADDRESS MUST BE GIVEN

SERVICES REQUESTED

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | 1. LETTER OF GOOD CONDUCT | \$ 40.00 |
| <input type="checkbox"/> | 2. POLICE RECORD CHECK | \$ 40.00 |
| <input type="checkbox"/> | 3. FINGERPRINTS | \$ 5.00 |
| <input type="checkbox"/> | 4. EACH ADDITIONAL LETTER OF GOOD CONDUCT
(NO. OF COPIES)..... (EACH) | \$ 3.00 |

FEE

TOTAL FEE

THIS AMOUNT MUST APPEAR IN VALIDATION ACROSS TOP

PLEASE PRINT ALL INFORMATION

MAIL TO (REQUESTING AGENCY)

NAME LAST FIRST

ADDRESS CITY STATE ZIP CODE

NAME TO BE SEARCHED LAST FIRST ALIAS AND/OR MAIDEN

ADDRESS CITY STATE ZIP CODE

PREVIOUS ADDRESS DATE OF BIRTH MONTH DAY YEAR BIRTHPLACE

HEIGHT WEIGHT EYES HAIR RACE SOCIAL SECURITY

FINGERPRINTED FOR WHAT REASON
 YES NO

ARRESTED WHERE
 YES NO

CHARGES DISPOSITION

ALL BLOCKS MUST BE COMPLETED OR REQUEST WILL BE RETURNED

RESULTS OF INVESTIGATION AND SEARCH
(FOR POLICE DEPARTMENT USE ONLY)

THE CRIMINAL HISTORY RECORD INFORMATION ACT REQUIRES THAT: THIS RECORD CONTAINS ONLY LOCAL ARREST INFORMATION, RECORD CANNOT BE DUPLICATED, RECORD MUST BE DESTROYED IMMEDIATELY UPON FULFILLMENT OF THE SPECIFIC PURPOSE FOR WHICH THE INFORMATION WAS OBTAINED. REFER TO THE STATE POLICE FOR STATE WIDE CRIMINAL HISTORY INFORMATION.

RESULTS OF THE R & I FILE CHECK ARE BASED ONLY ON THE INFORMATION PROVIDED BY THE PERSON FILLING OUT THIS FORM. A CHECK OF THE FILES OF THIS DEPT. DISCLOSES THE FOLLOWING:

SEARCHED BY	DATE	COMMANDING OFFICER STAFF SERVICES BUREAU	DATE
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STAPLE PHILA. FINGERPRINT CARD HERE (REAR)

STAPLE PHILA. FINGERPRINT CARD HERE (REAR)

I hereby authorize the Philadelphia Police Department to reveal any information which may be in their criminal identification files about me to the following petitioner:

RIGHT INDEX OF APPLICANT

Signature _____

Date _____

AGREEMENT OF PETITIONER

If a record check is requested by name and address only without fingerprints, I agree to indemnify and save the City harmless from and against all damages or claims for damages which may arise either directly or indirectly as a result of this service.

Signature _____