

DO NOT PROCESS unless
machine validated here

<p align="center">SEND THIS FORM WITH FEE TO:</p> <p align="center">CITY OF PHILADELPHIA DEPARTMENT OF RECORDS 170 CITY HALL PHILADELPHIA, PA 19107</p> <p align="center">DO NOT MAIL CURRENCY CASH MAY BE PAID IN PERSON OR, MAKE BUSINESS CHECK PAYABLE TO: "CITY OF PHILADELPHIA"</p> <p align="center">RETURN ADDRESS MUST BE GIVEN</p>	<p align="center">SERVICES REQUESTED</p> <p><input type="checkbox"/> 1. LETTER OF GOOD CONDUCT.....\$ 40.00</p> <p><input type="checkbox"/> 2. POLICE RECORD CHECK\$ 40.00</p>	<p>FEE</p>
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 <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR WHAT REASON				
ARRESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE				
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 _____