

GRANDVIEW POLICE DEPARTMENT

LOCAL, CRIMINAL HISTORY REQUEST

Options Form

Date: _____

Inspection Only

Modification

Review of Refusal to Modify

Deletion of Non-Conviction Data

Certified Copy, Conviction Criminal History

Last name _____ First _____ Middle _____

List any other names by which you have been known _____

Residential Address _____ City _____ State ___ Zip _____

Date of Birth _____ Birthplace _____ Phone No. _____

Race _____ Sex _____ Weight _____ Height _____ Eyes _____ Hair _____

Drivers Lic/ID # _____ State _____

It is the intention of the Grandview Police Department to comply fully with all Federal and State statutes and regulations pertaining to the confidential nature of criminal history information and proper release of that information.

LOCAL LAW ENFORCEMENT USE ONLY

DATA BASE	DATE	CHECKED BY
<input type="checkbox"/> WARRANT FILE	_____	_____
<input type="checkbox"/> LOCAL CHECK	_____	_____