BUFFALO VALLEY REGIONAL POLICE DEPARTMENT REQUEST FOR CRIMINAL RECORD CHECK

Type or Print Legibly with ink

PART 1: TO BE CO	MPLETED BY REQUEST	TER Date of Reque	est:		
Name of Requester: _					
Address of Requester:	·				
Contact Telephone Nu	ımber:				
Signature:					
REQUESTER IDENT	TIFICATION: (Check one	2)			
		Enclose certified check or mice Department. The fee is n			
Non-Criminal J	Justice Agency – Fee Exemp	ot			
Name/Subject of Reco	ord Check:				
Maiden Name and/or	Aliases:				
Date of Birth:			Sex:		
Social Security Number:		_	Race:		
REASON FOR REQU	JEST: (Check one)				
Employment		Firearms Prohibition Challenge			
Other					
Requester Checklist:	quester Checklist: Did you enter the full name, DOB and Soc.? Did you enclose the \$15.00 fee? (Certified Check or Money Order) DO NOT SEND CASH Did you enter your complete address- including zip code? Did you enter your phone - including area code?				
After completion, mail		o Valley Regional Police Department ndustrial Blvd. – Suite 500 ourg, PA 17837			

-See Reverse-

PART II: BUFFALO VALLEY REGIONAL POLICE DEPARTMENT RESPONSE

DO NOT WRITE BELOW THIS LINE

The information disseminated by the Buffalo Valley Regional Police Department is based solely on the following identifiers that match those furnished by the requester.

Name	Date of Birth	Social Security Number	Sex	Race	Maiden/Alias Name			
Information Disseminated:								
	No Record		Criminal Record Attached					
Inquiry Disseminated By:								
Certifi	ed By:							
Title:								

This response is based on a comparison of data provided by the requester in Part I against information contained in the files of the Buffalo Valley Regional Police Department only. The Buffalo Valley Regional Police Department response does not preclude the existence of criminal records which might be contained in the repositories of the local, state or federal criminal justice agencies.