



To: Detective Bureau

CR#:

DATE:

Subject of record search

Name: _____

Maiden/alias: _____

Date of birth: _____

Social Security #: _____

Street: _____

City & zip code: _____

Phone number: _____

Identification verified by: Driver's license NYS ID Other: _____

NYS PIN readout from DMV attached? Yes No

\$20.00 fee collected? Yes No

Officer taking request: _____ Receipt #: _____

I hereby authorize the North Tonawanda Police Department to release my records or any information of a criminal or law violating behavior to the following individual / business:

Name: _____

Address: _____

Signature: _____

Completed record check requests will be mailed to the above address. Please do not specify a date for completion, as all record check requests are completed in a timely manner. Telephone calls to the detective bureau will not expedite the process.