

NORTH TONAWANDA POLICE DEPARTMENT
RECORD SEARCH APPLICATION

CR#: _____

DATE: ____/____/____

TO: DETECTIVE BUREAU

SUBJECT: NAME _____

MAIDEN/ALIAS: _____

D.O.B. ____/____/____

SOCIAL SECURITY # ____/____/____

STREET _____

CITY & ZIP _____

PHONE (____) _____

IDENTIFICATION VERIFICATION DOCUMENT _____

DRIVER'S LICENSE CLIENT I.D. # _____

NYSPIN READOUT FROM DMV ATTACHED _____

\$15.00 FEE COLLECTED _____ RECEIPT # _____

OFFICER TAKING REQUEST _____

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:

NAME: CITY CLERK'S OFFICE

ADDRESS: 216 PAYNE AVENUE

NORTH TONAWANDA NY 14120

SIGNED _____

**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 COMPELETED IN A TIMELY MANNER.
TELEPHONE CALLS TO THE DETECTIVE BUREAU WILL NOT EXPEDITE
THE PROCESS.**