

**OLYMPIA POLICE DEPARTMENT
CRIMINAL HISTORY RECORDS REQUEST**

BACKGROUND CHECK (\$10 fee)
 Notarized

TODAY'S DATE: _____

REQUESTER'S NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: HOME: () _____ CELL: () _____

Would you like it mailed to you or would you like to pick it up?

- Mailed
- I'll pick up. Please call me at () _____

(SIGNATURE)

(DATE)

REQUEST RECEIVED BY _____	DL# _____
DATE RECEIVED _____	PAYMENT RECEIVED Y N
DATE COMPLETED _____	COMPLETED BY _____