Local Background Check Request

DATE:			
FULL NAME:		**DOB:**	
ADDRESS:			
PHONE:			
OTHER NAMES KNOWN BY:			
PHOTO IDENTIFICATION:	☐ **Driver's License** ☐ **State ID** ☐ **Passport** ☐ **Other:**		

Do you currently live in Countryside: ☐ **YES** ☐ **NO** ☐ **FORMER RESIDENT**

Please provide address if it does not match the one on your photo ID or if you used to live in Countryside

_____

Have you ever had an encounter with Countryside Police? ☐ **YES** ☐ **NO**

Please provide any dates/info/report #s if possible

_____

_____

I am authorizing the Countryside Police Department to complete a background check for any contacts between myself and department personnel. I understand that the background check is done by name only and is not supported by fingerprint information. This check can only be used for employment, passport, or immigration purposes and is not for personal identification or recommendation.

Signature: _____ Date: _____

FOR CPD USE ONLY – DO NOT COMPLETE BELOW

Arrests:	☐ **None Found** ☐ **Arrest(s) Found (provide documentation)**
Contacts:	☐ **None Found** ☐ **Contact(s) Found (provide documentation)**

LIST ARRESTS/CONTACTS HERE:

I attest that a thorough search of Countryside Police Department records was completed based on the information provided by the requestor. This document certifies that a search of department records resulted in the disclosures listed on this form.

Records Signature: _____ Date: _____