

# Logansport Police Department



**TRAVIS YIKE**  
Chief of Police

**SHAWN HEISHMAN**  
Assistant Chief of Police

## REQUEST FOR LOCAL BACKGROUND

### RETURN TO:

Records Clerk  
Logansport Police Department  
729 High Street  
Logansport, IN 46947  
FAX: 574-753-0513  
Email: [amichael@logansportpolice.com](mailto:amichael@logansportpolice.com)

I, \_\_\_\_\_, HEREBY AUTHORIZE THE LOGANSPORT POLICE DEPARTMENT TO REVIEW AND RELEASE MY LOCAL (LOGANSPORT CITY RECORDS SEARCH ONLY) CRIMINAL HISTORY RECORDS.

APPLICANT'S NAME: \_\_\_\_\_

MAIDEN NAME OR OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

REASON FOR LOCAL BACKGROUND: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's signature \_\_\_\_\_ Date: \_\_\_\_\_

### Inter-Office USE ONLY

Record: \_\_\_\_\_ Date: \_\_\_\_\_ Employee Initials: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

No Record: \_\_\_\_\_