

Logansport Police Department



SHAWN HEISHMAN
Chief of Police

NATHAN GARRISON
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

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: _____

729 HIGH STREET
LOGANSPORT, IN 46947

(574) 753-4101 RECORDS

(574) 753-0513 FAX