

Logansport Police Department

SHAWN HEISHMAN
Chief of Police



JASON SHIDELER
Assistant Chief of Police

REQUEST FOR LOCAL BACKGROUND

RETURN TO:

Records Clerk
Logansport Police Department
601 E Broadway
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: _____