

POWELL POLICE DEPARTMENT



Background Check Request

Records in possession of Powell Police Department only. Does not include records of Park County Sheriff's Office or any other jurisdiction.

State or Federal issued photo I.D. & \$5.00 are required before request will be filled.
Fax is \$.50 per page

Date of Request: _____ **Time of Request:** _____

I, _____, hereby authorize Powell Police Department to conduct a local background check on me. Signed _____

Full Name:			
Other Names, including maiden or nicknames, you have been known by:			
Date of Birth:		Social Security #:	
Address-Physical:		Address-Mailing:	
Home phone #:		Cell phone #:	
Work phone #:		Fax #:	
E-Mail Address:			
Preferred means of delivery:	<input type="checkbox"/>	<input type="checkbox"/>	
	Pick Up	Fax \$.50 per page	
Who will pick it up? (If different than person requesting information, document must be notarized)			
Purpose for Request: (This field not required. This information will help us expedite your request)			

State of Wyoming

County of Park

The foregoing instrument was acknowledged by _____

This _____ day of _____, 20____.

Witness my hand and official seal.

 Notary Public

 My Commission expires

 Signature of releasing official

 PD use only: Records check incident #