

SANGER POLICE DEPARTMENT

REQUEST FOR RECORDS CLEARANCE (BACKGROUND CHECK)

Name: _____

Address: _____

City: _____ **Zip:** _____

Telephone: _____ **D.O.B.** _____

California Drivers License/Identification #: _____

Have you ever been cited/arrested in Sanger? ___No ___ Yes (If yes, please give date and location)

Date of Cite/Arrest: _____

Location of Cite/Arrest: _____

Reason for Request: _____

Note: Penal Code Section 11143: Any person except those specifically referred to in Section 1071 of the Evidence Code, who, knowing he is not authorized by law to receive a record or information obtained from a record, knowingly buys, receives, or possesses the record of information is guilty of a misdemeanor.

I certify that the information requested is necessary for the due administration of the laws and not for the purpose of assisting a private citizen in carrying on his personal interest or in maliciously or uselessly harassing, degrading or humiliating any person. I further certify that I have a right-to-know, as defined by the Attorney General of the State of California.

Signature: _____ **Date:** _____