

LONE PEAK POLICE

Reference Letter Request

FULL NAME: _____
(Include middle, maiden, nicknames, AKA or any other names known by)

DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: ALPINE / HIGHLAND

HOW LONG AT ABOVE ADDRESS? _____ YEARS _____ MONTHS

DAYTIME PHONE: ____/____/____

EMAIL _____

I AUTHORIZE THE LONE PEAK POLICE DEPARTMENT TO CONDUCT A POLICE RECORDS CHECK ON MYSELF FOR THE FOLLOWING PURPOSE:

I further authorize the Lone Peak Police Department to release any police records which include criminal and/or traffic violations to the following individual(s):

SIGNATURE

DATE

-----OFFICE USE ONLY-----

DL OR ID VERIFIED DL NUMBER _____ EXP _____

CLERKS INITIALS _____

DATE _____ PAYMENT _____ CASH / CREDIT CARD / CHECK # _____