

CRAIG POLICE DEPARTMENT

800 W. 1ST STREET, SUITE 300
CRAIG, CO 81625

The record furnished is an accurate representation of the information as it appears in the arrest records of the Craig Police Department. Information from traffic citations, criminal citations and arrests will be listed for the time period from 1994 to present.

INSTRUCTIONS:

1. This form must be accurately and fully completed. Failure to do so could result in the request being denied. A separate form must be completed for EACH adult person living in this household.
2. This form must be notarized prior to submitting it to the Craig Police Department.
3. The arrest record may be picked up within three working days upon receipt of the request.

Name of Person Making Request:

_____ Date of Birth: _____

Also Known As:

_____ Race: _____ Sex: _____

Any Other Names, Including Maiden Name:

Phone Number Home: _____

Phone Number Work: _____

Driver's License or I.D. Number of Applicant: _____

State of Issue: _____

Social Security Number: _____

Apartment Complex / Rental Property:

State of Colorado}

County of Moffat}

Subscribed and sworn to before me this _____ day of _____,
20_____.

Notary Public

My Commission Expires: _____

TO BE COMPLETED BY THE CRAIG POLICE DEPARTMENT:

Technician Releasing Information: _____

Date: _____