

SPRINGETTSBURY TOWNSHIP POLICE
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

1501 Mt. Zion Rd. York, PA 17402
Phone: 717-757-3525 – Fax: 717-840-1908

REQUESTOR NAME:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL:	
AGENCY:	

CHOOSE ONE:

☐

CRIMINAL JUSTICE AGENCY:
FEE EXEMPT

☐

INDIVIDUAL/NON-CRIMINAL JUSTICE AGENCY:
NON-REFUNDABLE FEE OF \$10.00
PAYABLE TO "SPRINGETTSBURY TOWNSHIP
POLICE DEPARTMENT"

SUBJECT OF RECORD CHECK

LAST NAME	MIDDLE	FIRST
DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
		RACE
ADDRESS		
MAIDEN NAME AND/OR ALIASES		

INFORMATION REQUESTED:

☐

ANY DEROGATORY INFORMATION

☐

ALL LAW ENFORCEMENT CONTACT

REASON FOR REQUEST:

☐

EMPLOYMENT

☐

ADOPTION

☐

PICS

☐

OTHER

RESULT: BASED ON THE INFORMATION CONTAINED IN THE FILES OF THE SPRINGETTSBURY POLICE RECORD MANAGEMENT SYSTEM

RECORD CHECKED BY:

NAME	TITLE
SIGNATURE	DATE