



IMPERIAL COUNTY SHERIFF'S OFFICE
RAYMOND LOERA
 SHERIFF•CORONER•MARSHAL



LOCAL CRIMINAL HISTORY REQUEST

(Office Use Only)

Date of Request: _____ Received by: _____

OAI / Records Clerk

Amount Due: \$58.00 _____ \$87.00 _____ Receipt #: _____

Date Mailed _____ Applicant will pick up _____

Please provide me with a list of any and all arrests on file with the Imperial County Sheriff's Department, pursuant to section 13300 through 13326 of the California Penal Code.

(Please print all information)

Applicant Name: _____
 Last Name First Middle

Date of Birth: _____ Height _____ Weight _____ Hair _____ Eyes _____
 MM/DD/YYYY

Driver's License: _____ or Social Security Number _____

Alias Names: _____

Address / Street number: _____

City: _____ State: _____ Zip Code: _____

Place of Birth: _____

_____ Date: _____

Applicant Signature

Phone Number: ____ (____) _____

For verification purposes please attach one of the following identifications;

Department of Motor Photo ID # _____

DMV California Photo Driver License # _____

Other State Photo Driver's Lic or Photo ID # _____

Passport Photo ID # _____ Birth Certificate: _____



ICSO Records Use Only



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If you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different than one listed above, complete the following:

Name: _____ Relationship: _____

Address _____

Street Number

Apt#

City

State

Zip Code

SIGNATURE OF APPLICANT

DATE