



Smithfield City Police Department

55 East 100 South (P.O. Box 96)

Smithfield, UT. 84335

(435) 563-8501 Office (435) 563-8532 Fax



REQUEST FOR LOCAL BACKGROUND CHECK

Case #

DATE: _____

TIME: _____

APPLICANT INFORMATION (Please write)

Last Name: First Name: Middle Initial:

Date of Birth: / / Alias (if applicable)

Street Address: City:

State: Zip Code: Current phone number: () -

Driver License # Driver License State: Social Security #: - -

CHECK BOX TO REQUEST A CLEARANCE LETTER

WAIVER OF LIABILITY

I hereby request a local criminal history be done on my information above and I release the Smithfield City Police Department from any liability resulting from such request. I understand and acknowledge this waiver with my signature below.

Applicants Signature _____

Date _____

SCPD USE ONLY

Identification Information

Type of I.D. used _____

I.D. # _____

Name on I.D. _____