

Canby Police Department

Request for Name Records Check

1175 NW 3rd Ave. Canby OR 97013 / PH 503-266-1104 FAX 503-266-9316 / Email: pdrecords@canbypolice.com

A fee of \$5.00 is required at the time of the request for the Records Check Letter. Name checks are performed only for the person requesting the background check and photo identification is required. The letter response will be mailed or e-mailed to you within 3-5 business days.

PLEASE PRINT

Your Name: _____

LAST NAME

FIRST NAME

MI

Other Names Used: _____

SUCH AS MAIDEN NAMES, NICK NAMES, OTHER NAMES

Address: _____

CITY / STATE / ZIP

Prior Addresses _____

Email address: _____ Phone # _____

Photo Identification by Clerk: Yes Type of ID presented: _____

Note: IF RESEARCH IS NEEDED TO LOCATE THE RECORD: Staff time will be charged based on salary/benefits of employee converted to an hourly rate. Time charged is in 15 minute increments with a 15 minute minimum.

County, State, local courts and the Oregon State Police have processes for requesting Oregon criminal history information on another person. OSP: <http://www.oregon.gov/osp/PRR/Pages/index.aspx> (instructions on their website).

I authorize disclosure of any records on file concerning myself by the Canby Police Department. I understand the request is for a name records check of Canby Police Department databases and a letter response by the department listing police reports or citations (if any) in my name.

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY:

____ Letter has been provided. Prepared by: _____ Date: _____

Comments: _____