



# Traverse City Police Department Arrest Records Check



Please print your responses on each line indicated to assist in obtaining a complete record.

Identifying Information		
Date of Request:		
Name (First, Middle, Last):		
Other Names (maiden, also known as):		
Date of Birth:		
Daytime Contact Phone Number:		
Purpose		
Purpose of the Records Check:		
If this is for an adoption, is the adoption domestic or foreign?	Domestic	Foreign
Does this records check need to be notarized?	Yes	No
Deadline of when records are needed, if any?		
Authorization		
Printed Name of Person Requesting Records:		
Signature of Person Requesting Records:		
Clerk Verification		
Copy of Driver's License or State ID provided (attach):	Yes	No
Clerk Accepting the Request:		