



657 Fox Street, Lemoore, CA 93245 • (559) 924-9574 • FAX: (559) 924-3116
Police Department

APPLICATION FOR LOCAL RECORD REVIEW

California Penal Code sections 13320-13323 afford person concerning whom a local summary criminal history record is maintained in the files of the local criminal justice agency a reasonable opportunity to examine the record compiled from such files and refute any erroneous or inaccurate information contained therein.

The information requested below is necessary to determine if a record exists. Failure to supply this information may prevent this agency from providing you with a copy of your record.

Any existing criminal records concerning you will be sent to you by mail or other appropriate means mutually agreeable to you and the Department.

Applicant's Name: _____
Last Name First Name Middle Name

Also Known As: _____
(or maiden name) Last Name First Name Middle Name

Mailing Address: _____
Number Street

City State Zip

Telephone () _____ Social Security # _____

Date of Birth ____/____/____ Drivers License _____/State _____

Applicant Signature Date

Signature of Records Personnel Date