



EVESHAM POLICE DEPARTMENT LOCAL RECORDS CHECK

* The Evesham Police Department's response will be made on the data provided by the requester against the information contained in the Evesham Police Department's record management system.

*Person of Record

| | | | | |
|-----------------------------|------|------------|-------|-------|
| First Name: | | Last Name: | | M.I.: |
| Street Address: | | | | |
| City: | | State: | | Zip: |
| Date of Birth: | Sex: | | Race: | |
| Previous Address 1: | | | | |
| Previous Address 2: | | | | |
| Maiden Name and/or Aliases: | | | | |

*Requestor Information (If different from Person of Record)

| | | |
|-------------|------------|---------|
| First Name: | Last Name: | Agency: |
| Address: | | Phone: |

| |
|---------------------|
| Reason for Request: |
|---------------------|

I _____ certify that the personal information provided on this form relates to me and is correct.

| | |
|-------------------------|-------|
| Signature of Requester: | Date: |
|-------------------------|-------|

Official Use Only

_____ No Record of Requester
 _____ Record Found (Details Attached)

| | |
|---------------|-------|
| Conducted By: | Date: |
|---------------|-------|