



POLICE CLEARANCE



THERE IS A 48 HOUR WAITING PERIOD
This is Salt Lake City Police Dept. jurisdiction only.

To submit IN PERSON, visit the Public Safety Building,
475 S. 300 E., SLC, UT.

To submit request BY MAIL, send form to:
SLCPD/Records, P.O. Box 145497, SLC, UT 84114-5497

FULL NAME _____
Last First Middle

Other Names Used (maiden, alias, etc.) _____

Complete Address _____
Street City State Zip Code

Place of Birth _____ Sex _____

Date of Birth _____ Other Dates of birth used _____

Social Security Number _____

List Criminal Records (If any) _____

Number of Copies Requested _____
(First two copies \$5.09, each additional copy \$5.09)

Method of Retrieval

Pick up the Letter _____ Phone Number _____

* If not picked up within a month, it will be mailed out to the address above.

Mail the Letter

To the address listed above

Or to the following address:

Signature _____

*Clerk Receiving Request: (ID #) _____	Date _____
Identification used: Type _____	Number _____
* Completed by: (ID #) _____	Date _____
* Mailed by: (ID #) _____	Date _____
* Picked up: (Given by ID #) _____	Date _____
Identification used (if picked up): Type _____	Number _____