



# 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 \$10, each additional copy \$10)

## 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 _____