



SALT LAKE CITY POLICE DEPARTMENT
POLICE CLEARANCE - THERE IS A 48 HOUR WAITING PERIOD

This is for Salt Lake City Police Department jurisdiction only.

To submit IN PERSON , visit:	To submit BY MAIL , send form to:
PUBLIC SAFETY BUILDING 475 S. 300 East Salt Lake City, UT 84114	SLCPD/RECORDS P.O. Box 145497 Salt Lake City, UT 84114

Full Name: _____
LAST FIRST MIDDLE

****PLEASE INCLUDE A PHOTO COPY OF YOUR DRIVERS LICENSE****

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

Complete Address: _____
STREET CITY STATE ZIP CODE

Phone Number: _____

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

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

Mail the Letter

Address listed above

Following address:

Signature: _____

For Departmental Use Only

*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: _____