Sparks Police Department
CRIMINAL HISTORY REQUEST

Sparks Police Department Records - ID Unit Business hours: Tuesday – Friday 8:00 am – 2:30 pm

775-353-2243 | SparksPolice.com

REQUESTOR INFORMATION:

Full Name: _____

Phone number: _____

Mailing Address: _____

_____

Email Address:

_____

*Signature:*_____*Date:*_____

☐ *I will pick up request when completed*

☐ *Please mail the completed request*

I, _____, request a criminal history report on the below individual. I understand that the record that is furnished to me will be based on the identifiers that I have supplied.

I further understand that the information contained in this report is from the Sparks Police Department **ONLY**. Any conviction information in or outside the State of Nevada will not be listed. I must contact agencies in those areas for conviction information.

_____

(Signature of Requestor)

PERSON OF INQUIRY:

Full Name(s): _____

AKA's: _____

Date of Birth: _____

Social Security Number: _____

********************************FOR OFFICE USE ONLY********************************

☐ *ID Verified By:* _____

☐ *Signed Waiver / Copy of ID Attached*

☐ *Jurat (notarized - $15 fee)*

☐ *Non Jurat ($10 fee)*

☐ *Request Received By:* _____
via in-person / online / mail

☐ *Cost:* _____ *Date Paid:* _____

☐ *Date Notified of Status/Cost/Appointment:* _____

☐ *Date Picked Up/Mailed:* _____