



CITY OF FRANKFORT
POLICE DEPARTMENT
201 W. WASHINGTON STREET
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JUDITH E. SHEETS
MAYOR
SCOTT T. SHOEMAKER
CHIEF
JAMES R. SKINNER
DEPUTY CHIEF

REQUEST FOR CRIMINAL HISTORY RECORDS

I, _____, hereby authorize the Frankfort Police Department to review and release my Criminal History Records.

APPLICANT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

The following information now appears on the above named and described person's Criminal History Record

This request for Criminal History must be signed by the applicant releasing his or her information in the presence of an employee of the Frankfort Police Department or a Notary Public.

APPLICANT'S SIGNATURE

RECORDS DEPARTMENT

DATE