

HANNIBAL POLICE DEPARTMENT



LOCAL PERSONAL ARREST RECORD REQUEST:

Date of Request:

I authorize and empower the Hannibal Police Department to research information concerning my criminal history, arrest and/or driving records and forward such information to the below listed organization or individual. I release the Hannibal Police Department and the City of Hannibal from all liability for damages that may occur from furnishing any information concerning the release of the above stated records information. A photographic copy of this authorization shall serve as the original for purposes of this authorization. By signing below, I acknowledge I have read and understand the above listed authorization, and I understand that this check will give me my arrest record within the city limits of Hannibal, Missouri only.

Signature:		Date:	Witr	Witness:	
Name (print) :	First	Middle	Last	 Maiden	
			Laot	Maldon	
Address.	ddress:Street		City	State/Zip	
Phone Number:		Birth Date: Social Security Number:			
Organization and/o	r individual to who r	ecords information are to	be sent (after payment is re	eceived):	
Name:					
Address:				······································	
Phone Number:					
	▼/ DO NOT	WRITE BELOW THIS	LINE. FOR OFFICE US	E ONLY V	
Full case	Incident Only No	tes:			
Signature Custodian	of Records:				
Records Dept: Date	Rec'd	Date Sent/Method	Initi	als	