

**MISSOULA POLICE DEPARTMENT
CRIMINAL HISTORY RECORD CHECK REQUEST**

Please print legibly

Date: _____

Reason for Records Check: VISA For what country? _____

Employment Criminal Justice Employment

Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Aliases: _____

Date of Birth: _____ Social Security Number: _____

Physical Address: _____

Mailing Address: _____

How long have you lived in the City of Missoula? _____ Daytime Phone: _____

If requestor is someone other than the above (must provide signed waiver from subject of records check):

Name: _____

Agency/Company: _____

Mailing Address: _____

Daytime phone: _____

Mail or deliver this completed form to:

Missoula Police Department
Attn: Records
435 Ryman Street
Missoula, MT 59802
406-552-6303