

## **TRENTON POLICE DEPARTMENT Request for Police Background Check**

**Pre-Pay Fee: \$4.00** Receipt #\_\_\_\_\_

Date and Time of Request:

Name of person making request: \_\_\_\_\_\_

Preferred method of contact:

(phone number, email address, fax number)

**Notice regarding background checks:** City of Trenton background checks are conducted using **Trenton Police Department records ONLY** and may not reflect the total criminal or traffic history of the individual.

For more comprehensive background reporting, contact the BC Sheriffs' Office at 513-785-1034, or check the Ohio Attorney General's website at *http://www.ohioattorneygeneral.gov/ Business/Services-for-Business/WebCheck/Webcheck-Community-Listing.aspx.* 

FULL NAME (Please print legibly)					
Maiden Name and/or any alias(es)					
Date of Birth	Month	/	/ Day	Year	-
Social Security Number					

## **Residential information for the City of Trenton:**

1		From	То	
	Street Address	Month/Ye	ear	Month/Year
2.		From	То	
	Street Address	Month/Ye	ear	Month/Year
3.		From	То	
	Street Address	Month/Ye	ear	Month/Year

Please write any additional addresses on the back of this form.

All record checks are verified with photo I.D. only. Records prior to May, 1995 available only by date of occurrence.

FORM A-0008a