



# Town of Chelmsford

## Police Department

### **PERSONAL CRIMINAL RECORD REQUEST FORM**

If you are requesting a letter from the Chief of Police, please complete the following information and return this form to the Chief's Office at the address below. This record check will **ONLY** include any record and/or offense related to the Town of Chelmsford.

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

HOW MANY YEARS AT CHELMSFORD ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

TELEPHONE NUMBERS:  
HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

ALIAS: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR LETTER REQUEST: \_\_\_\_\_

LETTER ADDRESSED TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_