

DATE

RECEIPT#

Contra Costa County Technical Services Records and Identification Unit 2530 Arnold Drive, Suite 170 & 190 (925) 335-1570

Application for Local Record Review

California Penal Code Sections 13320-13323 afford persons concerning whom a local summary criminal history record is maintained in the files of the local criminal justice agency a reasonable opportunity to examine the record compiled from such files and refute any erroneous or inaccurate information contained therein.

The information requested below is necessary to determine if a record exists. Failure to supply this information may prevent this agency from providing you the opportunity to review your records. This application will be retained in your record folder, if one exists.

Any existing criminal record concerning you will be made available for your review only during regular business hours of the Department. Fee \$ 25,00 (Cash-exact change or Check)

regular business hours of the Department. Fee \$ 25.00 (Cash-exact change or Check) The undersigned hereby applies to review a copy of his/her Local Criminal History Record: Applicants Name: Last First Name Middle Name Alias Or Maiden name: First Name Middle Name Address: Number and Street Zip Code City ,State Telephone Number: Date of Birth: Month/Day/Year Daytime Contact Driver's License #:__ State Signature of Applicant DATE (A standard fingerprint form with the applicant's fingerprints imprinted thereon, containing all requested information may be required for positive identification.) Signature - Sheriff's Office- Witness