

**LOCKPORT POLICE DEPARTMENT – RECORDS DIVISION  
REQUEST FOR ARREST RECORD CHECK**

**\$10.00 FEE – PHOTO IDENTIFICATION REQUIRED**

Date of request \_\_\_\_\_ Reason for request \_\_\_\_\_

Person requesting record \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone number \_\_\_\_\_ SS # \_\_\_\_\_

Name to be checked \_\_\_\_\_

Maiden name \_\_\_\_\_ Previous last name \_\_\_\_\_

Previous last name \_\_\_\_\_ Previous last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_

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Date \_\_\_\_\_

To Whom It May Concern:

Re: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

(Has) (Has no) record of arrest with this department.

Signed \_\_\_\_\_

Title \_\_\_\_\_

**ABOVE INFORMATION REFLECTS CITY OF LOCKPORT  
POLICE DEPARTMENT ARREST RECORDS ONLY.**