

LOCKPORT POLICE DEPARTMENT - RECORDS DIVISION
One Locks Plaza, Lockport, NY 14094
REQUEST FOR ARREST RECORD CHECK

\$20.00 FEE - PHOTO IDENTIFICATION REQUIRED

Date of request _____ Reason for request _____

Name to be checked _____
first name (full) middle name (full) last name

Address _____ City _____ State ____ Zip _____

Telephone number _____ SS# _____

Maiden name _____ Previous last name _____

Previous last name _____ Previous last name _____

Address _____ City _____ State ____ Zip _____

Date of Birth _____ Signature _____

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.
(MAY ALSO WANT TO CHECK WITH THE NIAGARA COUNTY SHERIFF'S DEPT.)