

**LOCKPORT POLICE DEPARTMENT – RECORDS DIVISION  
ONE LOCKS PLAZA, LOCKPORT, NY 14094  
REQUEST FOR ARREST RECORD CHECK**

**\$20 FEE – PHOTO IDENTIFICATION REQUIRED**

DATE OF REQUEST: \_\_\_\_\_ REASON FOR REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE- FULL) (LAST)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESS (IF LESS THAN 5 YEARS AT CURRENT ADDRESS)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

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

MAIDEN NAME: \_\_\_\_\_ PREVIOUS LAST NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

TO WHOM IT MAY CONCERN:

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

(HAS) (HAS NO) RECORD OF ARREST WITH THE LOCKPORT POLICE DEPARTMENT

SIGNED: \_\_\_\_\_

SR. ACCOUNT CLERK

**THE ABOVE INFORMATION REFLECTS THE CITY OF LOCKPORT POLICE DEPARTMENT ONLY.  
RECORDS FROM THE TOWN OF LOCKPORT ARE AVAILABLE FROM THE NIAGARA COUNTY  
SHERIFF'S OFFICE.**