

# WHITEHALL TOWNSHIP BUREAU OF POLICE REQUEST FOR INFORMATION

CRIMINAL RECORD INFORMATION: PLEASE READ POSTED NOTICE. COMPLETE STATEWIDE INFORMATION IS AVAILABLE AT THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY. INFORMATION IN OUR FILES IS FOR WHITEHALL TOWNSHIP ONLY. JUVENILE RECORDS CANNOT BE RELEASED TO NONCRIMINAL JUSTICE AGENCIES OR INDIVIDUALS.

TRAFFIC VIOLATION RECORDS: REQUESTS FOR TRAFFIC RECORD INFORMATION SHOULD BE DIRECTED TO THE PENNSYLVANIA DEPARTMENT OF TRANSPORTATION, BUREAU OF TRAFFIC SAFETY, HARRISBURG, PA 17123.

## COMPLETE ALL APPLICABLE INFORMATION

INFORMATION REQUESTED (Government Agencies Fee Exempt)

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> FINGERPRINTING (RESIDENT)                       | \$25                           |
| <input type="checkbox"/> CRIMINAL HISTORY (only arrests and convictions) | \$20                           |
| <input type="checkbox"/> INCIDENT REPORT                                 | \$20 per copy                  |
| <input type="checkbox"/> ACCIDENT REPORT COPY                            | \$15 per copy                  |
| <input type="checkbox"/> ALL OTHER REPORTS (copies)                      | \$20 per copy                  |
| <input type="checkbox"/> RESEARCH OF RECORDS                             | \$25 per request               |
| <input type="checkbox"/> CIVIL CASE (paper case)                         | \$50 plus cost of reproduction |
| <input type="checkbox"/> CIVIL CASE (photographs)                        | \$50 plus cost of reproduction |

TYPE OF INCIDENT: \_\_\_\_\_ DATE/TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_ INCIDENT # \_\_\_\_\_

NAME OF VICTIM/VEHICLE OPERATOR: \_\_\_\_\_

### REASON FOR REQUEST

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CRIMINAL INVESTIGATION | <input type="checkbox"/> EMPLOYMENT            | <input type="checkbox"/> INSURANCE CO.  |
| <input type="checkbox"/> INDIVIDUAL REVIEW      | <input type="checkbox"/> GOVERNMENT EMPLOYMENT | <input type="checkbox"/> FINGERPRINTING |

REQUESTOR (picture identification required for walk-up requests)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

PHONE #: (\_\_\_\_) \_\_\_\_\_

CRIMINAL JUSTICE AGENCY: \_\_\_\_\_

OFFICE USE ONLY \*\*\*\*\*

REQUEST:  BY MAIL  IN PERSON  COPY OF ID  
FEE:  EXEMPT  PAID CASH  CHECK

DATE OF REQUEST: \_\_\_\_\_ DATE OF COMPLETION: \_\_\_\_\_

EMPLOYEE PROVIDING INFORMATION: \_\_\_\_\_

# WHITEHALL TOWNSHIP BUREAU OF POLICE REQUEST FOR INFORMATION

**COMPLETE THIS SECTION FOR CRIMINAL RECORD/BACKGROUND CHECKS:**

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

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ SSN: \_\_\_\_\_

---

(To be completed by office personnel)

RESULTS:    NO RECORD:                       RECORD BELOW:

DATE:	OFFENSE:	DISPOSITION:

FEE EXEMPT:     FEE PAID:     CHECK:     CASH:

Handled via:    Mail:     Walk-up:     Telephone:     Fax:

Personnel completing this assignment: \_\_\_\_\_