IMPERIAL COUNTY SHERIFF'S OFFICE

FRED MIRAMONTES
SHERIFF-CORONER-MASHAL

LOCAL CRIMINAL HISTORY REQUEST

Please provide me a list of any and all arrests on file with the Imperial County Sheriff's Office, pursuant to section 13300 through 13326 of the California Penal Code.

(Please print all information)

Date of Request:_____

Applicant Name:_____
Last Name First Name Middle

Date of Birth:_____ Height:_____ Weight:_____ Hair:_____ Eyes:_____
MM/DD/YYYY

Driver's License:_____ or Social Security Number:_____

Alias Name(s):_____

Address:_____ Phone Number_____

City:_____ State:_____ Zip Code:_____

Place of Birth:_____

Mail ☐ Pick up ☐ Mail to Alternative address:_____

For verification purposes please attach one of the following identifications:
Department of Motor Vehicles Photo ID/DL #_____
Other State Photo ID/DL#_____
Passport Photo ID#_____

_____ Date:_____
Applicant Signature

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(Office use only)

Received by:_____ Date:_____

Amount Due : ☐ $58.00 (No Record) ☐ $87.00 (Criminal Record)

Receipt Number:_____

Completed by:_____ Date:_____

Right Index

Office use only

PO Box 1040, El Centro CA 92244-1040, ATTN: Records
Email:Recordsdivision@icso.org /Phone: 442-265-2125 Fax: 442-265-2073