Soledad Police Department
236 Main Street, Soledad, CA 93960

Business: (831) 223-5120 - Fax: (831) 678-3575
Administration: (831) 223-5121- Investigations: (831) 223-5165

APPLICATION FOR LOCAL RECORD REVIEW

California Penal Code sections 13320-13323 afford person concerning whom a local summary criminal history record in maintained in the files of the local criminal justice agency a reasonable opportunity to examine the record compiled from such files and refute any erroneous or inaccurate information contained therein.

The information requested below is necessary to determine if a record exists. Failure to supply this information may prevent this agency from providing you with a copy of your record. This application will be retained in your record folder, if one exists.

Any existing criminal record concerning you will be sent to you by mail or other appropriate means mutually agreeable to you and the Department.

The undersigned hereby applies to obtain a copy of his/her Local Criminal Record:

Application's Name: _____
Last Name First Name Middle Name

Also Known As:
(or Maiden Name): _____
Last Name First Name Middle Name

Mailing Address: _____
Number Street

_____
City State Zip

Telephone ( ) _____ Social Security # _____

Date of Birth: _____ / _____ / _____ Driver's License # _____ / State _____

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If you wish this record sent to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following:

_____ _____
Name Title

Mailing Address: _____
Number Street

_____
City State Zip

_____ _____
Applicant Signature Date

_____ _____
Records Supervisor Signature Date