ORLAND PARK POLICE DEPARTMENT
RECORDS INQUIRY NON-LAW ENFORCEMENT

SECTION "A"
ALL information in Section "A" MUST be completed for EVERY record check

1. Date of Request mm/dd/yy	2. Name of Person Making Request (Last, First Middle Initial)			
3. Name of Agency, Insurance Company, Law Firm, etc.		4. Name of Govt. Agency if Applicable		
5. Area Code + Daytime Phone Number	6. Area Code + Fax No. (Governmental Agencies Only)			
7. Mailing Address (Number, Street Name, City, State, Zip Code)				
8. Requestors Identification No.	9. ID Type	D/L	Govt.	10. Requestors Signature
		Photo ID	Other	

SECTION "B"
Must be completed for Copies of all Citations, Bonds, Incident, Crash and Case Reports.

	11. Case Report $6.00 ea.	12. Date of Report mm/dd/yy	13. Time	14. Case Report No.
	15. Traffic Crash Report $5.00 ea.	16. Date of Report mm/dd/yy	17. Time	18. Crash Report No.
	19. Incident Report $2.00 ea.	20. Date of Report mm/dd/yy	21. Time	22. Incident No.
	23. Citation/Bond Receipt $2.00	24. Date Citation Written	25. Time	26. Citation No.
	27. Lost /Stolen Drivers License $2.00 Copy Given Y N		28. Lost / Stolen License Plate $2.00 Copy Given Y N	
	29. Lost/Stolen Cell Phone $2.00 Copy Given Y N		30. Lost / Stolen Reg. Sticker $2.00 Copy Given Y N	
31. Location of Occurrence		32. Name of person involved		
33. Type of Occurrence (Burglary, Theft, CDP, etc.)				

34. Relationship to Report (check one)	Person Reporting	Victim	Family Member	None	OTHER (Specify)

SECTION "C"
SECTION "C" & SECTION "D " must be completed for Criminal Background Checks, Master Name Criminal History Reports, Police Clearance Letter

	35. Criminal Background Check - Govt. Agencies ONLY - MUST PROVIDE WRITTEN WAIVER
	36. Police Clearance Letter/Letter of Good Conduct $10.00 (2 Notarized Copies Provided)
	37. OPPD Master Name Criminal History Report $6.00 Copy Given Y N

SECTION "D"
Information listed below MUST be provided for an accurate record check listed in Section "C"

38. Name of subject of the inquiry (Last, First, Middle)	39. Sex M F	40. Date of Birth mm/dd/yy	
41. Previous Orland Park address (Home or Business)	42. Social Security Number	43. Alien Control No.	

OFFICIAL USE ONLY

EMPLOYEE TAKING REQUEST (INITIALS/NUMBER)	ID Verified Y N	Civilian ONLY ID Copied Y N		Amount Paid $
Denied (Signature)	Date	Reason		
Approval (Signature)	Date	Date Mailed	Pick-Up	Form Updated 01/29/2009