

**CITY OF LEXINGTON**

**Police Department**

**P.O. Box 938, 11 Fuller Street**

**Lexington, Virginia 24450**

**[540] 462-3705; fax [540] 463-9257**

**LOCAL ARREST RECORD CHECK**

**RELEASE FORM**

please print or type

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Race \_\_\_\_\_ Sex  M  F

Operator License #: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone #s: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**There is a \$10 fee for each request**

**The undersigned individual does hereby authorize agents of \_\_\_\_\_ to inquire into his/her background for any record of local charges. I understand this records check will contain only local Lexington data.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

City of \_\_\_\_\_; Commonwealth of Virginia

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

Notary Public

**Unauthorized dissemination will subject the disseminator to criminal and civil penalties.  
This record check is limited to Lexington charges only. Only adult data provided.**

**Office use only**

No Record Found     For charges, see reverse     Pending Court Disposition

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

