

Lehigh County Communications / 9-1-1 Center Criminal History Request Form

* Indicates MANDATORY field

Requesting Agency Name*		Date of Request*			
Requesting Officer's Name*					
Requesting Officer's Signature*					
Subject Name (Last, First, MI)*	DOB*	SOC	Sex*	Race*	Case Number*

Completed request form may be faxed to 610-782-4659

Revised 03/05/2014