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

Requesting Agency Name*	Date of Request*

Requesting Officer's Name*

Requesting Officer's Signature*

Subject Name (Last, First, MI)*	DOB*	SOC	Race*	Case Number*

*** INDICATES MANDATORY FIELD**

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

Revised 02/23/2010