LAS VEGAS METROPOLITAN POLICE DEPARTMENT

REQUEST FOR REPORT/BACKGROUND CHECK VIA MAIL

Date: _____

I, _____, with date of birth as _____, SSN (last 4 digits)_____

am requesting a copy of my:

☐ **Background Check (Select One)**

☐ Adoption ☐ Immigration ☐ Missions ☐ Sealing ☐ Other

☐ **Police Report**

☐ Crime Report ☐ Traffic Accident Report ☐ Declaration of Arrest ☐ Other

Please enter as much information as possible to assist in research.

Event Number: _____

Date of Occurrence or Report Filed date: _____

Location Incident: _____

For Traffic Accident:

License Plate Number: _____

Location of Accident: _____

Please mail my copy to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email Address: _____

I have also enclosed a notarized photocopy of my valid (not expired) government issued photo identification.

I have also enclosed my $11 payment (per report requested) made payable to the Las Vegas Metropolitan Police Department in the form of: ☐ Money Order ☐ Cashier's Check

I acknowledge that I am entitled to make this request as a person named in the report under the given event number.

_____
(Printed Name of Requestor)

_____
(Signature of Requestor) (Must be Notorized)

State of _____

County of _____

This instrument was acknowledged before me on

_____ by _____
(Date) (Printed Name of Signer)

Remit payment, photocopy of ID and request to:

Las Vegas Metropolitan Police Department
Attn: Correspondence Section
400 S. Martin Luther King Boulevard
Building C
Las Vegas, NV 89106