



# POLICE CLEARANCE



THERE IS A 48 HOUR WAITING PERIOD  
This is Salt Lake City Police Dept jurisdiction only.  
Juvenile Check for last 20 yrs only

To submit request IN PERSON, visit the Public Safety Building,  
475 S. 300 E., SLC, UT. Lobby open M-F/8-5.

To submit request BY MAIL, send form along with  
a notarized copy of your current driver's license to:  
SLCPD/Records, P.O. Box 145497, SLC, UT 84114-5497

FULL NAME \_\_\_\_\_  
Last First Middle

Other Names Used (maiden, alias, etc.) \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street City State Zip Code

Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Other Dates of birth used \_\_\_\_\_

Social Security Number \_\_\_\_\_

List Criminal Records (If any) \_\_\_\_\_

Number of Copies Requested \_\_\_\_\_  
(First two copies \$5.09, each additional copy \$5.09)

### Method of Retrieval

Pick up the Letter \_\_\_\_\_ Ph # (\_\_\_\_) \_\_\_\_\_ -  
\* If not picked up within a month, it will be mailed out to address above.

Mail the Letter  
To the address listed above \_\_\_\_\_  
Or To the following address:  
\_\_\_\_\_

Parent or Custodial Parent printed Name \_\_\_\_\_  
Type of documentation used to connect juvenile to parent/custodial parent:  
\_\_\_\_\_

Signature \_\_\_\_\_

*Clerk Receiving Request (ID #) _____	Date _____
Identification used: Type _____	Number _____
* Completed by (ID #) _____	Date _____
* Mailed by: (ID #) _____	Date _____
* Picked up: Given by ID # _____	Date _____
Identification used (if picked up) Type _____	Number _____