

**ARKANSAS CITY POLICE DEPARTMENT
REQUEST FOR REVIEW OF
INDIVIDUAL CRIMINAL HISTORY RECORD**

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____

IF ACCOMPANIED BY AN ATTORNEY:

I hereby certify that I am duly authorized to practice law in the State of _____ and have been retained by the above-named person to aid and assist in the review and possible challenge of his criminal history record.

NAME: _____
ADDRESS: _____
CITY/STATE: _____
SIGNATURE: _____

I HAVE REVIEWED MY CRIMINAL HISTORY RECORDS AND FIND:

- The records are satisfactory
- The records are significantly inaccurate or incomplete and I initiate a challenge to the agency for modification.

DATE: _____ SIGNATURE: _____

FOR AGENCY USE ONLY

DATE: _____

RECORDS CLERK: _____

IDENTITY VERIFIED BY:

- Officer Recognition
 Driver's License _____
 Other Identification as follows: _____

- Received, and reviewed
 Challenge to be initiated

INITIALS: _____