

ANNE ARUNDEL COUNTY POLICE DEPARTMENT

8495 VETERANS HIGHWAY MILLERSVILLE | MARYLAND | 21108 (410) 222-8500 | www.aacounty.org



Request for Records Check

Date of Request:				
Investigator:				
For Official Use Only Do Not Fill Out	t This PortionFor Official Use O	nlyDo Not Fill Out 1	This Portion	
Last Name	First Name	/	Middle	
	/			
Other Names Used / Maiden Name or Alias		nil Address		
Date of Birth: Social Se	ecurity Number:		Race:	Sex
Height: Weight:	Eye Color:	_ Hair Color: _		
Current Address:				
Dates of Residence at Current Address:	From:	То:		
Previous Anne Arundel County Address:				
Dates of Residence at Previous Address:		Го:		······································
Telephone (Cell)	(Other)			
Place of Birth City:	State: _			
Driver's License Number:	S	tate Issued:		
Have you ever applied to Anne Arundel Couapplied:	=		If Yes, prov	ide the dates



