

WOODHAVEN POLICE DEPARTMENT

21869 West Road
Woodhaven, Michigan 48183
PHONE (734) 676-7337 FAX (734) 675-4901

RECORD CHECK

**This record check is comprised of a check of
Woodhaven Police Department records from 2003 to present.**

*I hereby authorize the Woodhaven Police Department to conduct a record check on
myself and release such information to:*

(Requesting Agency)

Name: _____

Address: _____ Phone No. _____

Date of Birth: _____

OLN/State: _____ Social Security Number: _____

Aliases (including maiden name): _____

Signature: _____ Date _____

A check of the Woodhaven Police Department records was conducted on _____

by _____.

- Subject has a record
 Subject does not have a record

With the Woodhaven Police Department.

(Notarize when needed only)

Sworn and Subscribed to before me this

_____ day of _____, 20____

A Notary Public, State of Michigan, County of
Wayne.

(Signature)

My Commission Expires _____
Acting in the County of Wayne.