

User:
Fingerprint Available:
Fingerprint Id:
Fingerprint PCN:

Verification Request

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Agency: Hanover Park IL Police Department Administrator: Dave Webb Phone: 630 823-5500 Date: 11/17/2014

Offender Information

Offender Photo

Name Registration #
POB SSN
DOB Age Alt Reg #
Sex Orient Drv. Lic./State /
Race Nat. FBI:
Height Hair State ID:
Weight Eyes Last Verified:
Risk/Class. Type Date
Comm.

Employment/School

Name Address Supervisor Phone

Residence (Bold -Primary Home Address)

Street

1

Alias

Phone (Bold -Primary Contact Numbers)

Number Type Description

Scars/Tattoos

Location Type Description Location Type Description

Vehicle

Make Model Color Year License State VIN Comments

Offense

Date RS Code/Description Convicted Released Crime Details

I _____ do hereby attest, under penalties of perjury, that any and all information contained here is current and accurate on this _____ day of _____ 20_____.

Offender Signature: _____

Officer Signature: _____ Date _____

Witness Signature: _____ Date _____