



City of Phillipsburg

P.O. Box 447 • Phillipsburg, Kansas 67661 • Phone 785-543-5234 • Fax 785-543-2302

RECORD CHECK REQUEST

A criminal history records check of the Kansas central records repository is requested for the following individual.

Full Name: _____
Last First Middle

Address: _____
Street City State Zip

Alias/Maiden Name: _____
Last First Middle

Date of Birth: _____
(MM/DD/YY)

For Office Use Only:

Billing Code: CMB 102LE0321

Attn: Becky Rempe 785-368-7162

Sales 102LE0322

Date received in City Office: _____