City of Phillipsburg

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

RECORD CHECK REQUEST

(Non-Criminal Justice Agency Submission)

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_____ Social Security Number _____-_____-_____
(MM/DD/YYY)

For Office Use Only:

Attn: Jennifer Grauer 785-217-2377

Billing Code: CMB 102LEO321

Sales 102LEO322

Date Received in City Office: _____