



LONE PEAK PUBLIC SAFETY DISTRICT POLICE DEPARTMENT

“Serving the communities of Highland and Alpine”

5400 West Civic Center Drive #3, Highland, UT, 84003

(801)756-9800

Reference Letter Request

FULL NAME: _____

(Include middle, maiden, nicknames, AKA, or any other names known by)

DATE OF BIRTH: _____ ADDRESS: _____

CITY: Alpine Highland HOW LONG AT ABOVE ADDRESS: _____ YEARS _____ MONTHS

PHONE NUMBER: _____ EMAIL: _____

I AUTHORIZE THE LONE PEAK POLICE DEPARTMENT TO CONDUCT A POLICE RECORDS CHECK ON MYSELF FOR THE FOLLOWING PURPOSE:

I further authorize the Lone Peak Police Department to release any police records which include criminal and/or traffic violations to the following individual(s):

SIGNATURE DATE

-----OFFICE USE ONLY-----

DL or ID verified DL NUMBER: _____ EXP: _____

CLERKS INITIALS: _____ DATE: _____

PAYMENT: _____ CASH CREDIT CARD CHECK# _____