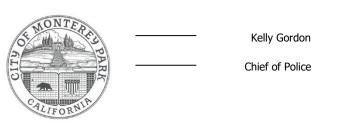
CITY OF MONTEREY PARK

POLICE DEPARTMENT

320 West Newmark Avenue • Monterey Park • California 91754-2896 (626) 573-1311 www.montereypark.ca.gov



REQUEST FOR CLEARANCE LETTER

| Name of Authorized Individual Requestor's Signature Date of Application FOR OFFICE USE ONLY Money Received: Yes/No Receipt# Record Found: Yes/No By: Date: If yes (records found): Charge(s) | 1. | Full Name: | | | |
|---|-----------------------|--|------------------------|--------------------|---------------------------------------|
| Address: | | Date of Birth: | | CDL: | Circle One: Male/Female |
| How long at the above address? From: To: (Put "present" if still living there) 2. Full Name: CDL: Circle One: Male/Female Address: Monterey Park, CA, Zip Code: 917 Phone No: To: To: (Put "present" if still living there) This clearance letter only covers residency in Monterey Park. Please complete the back of this form for additional addresses. Photo identification is required. There is a non-refundable \$92.00 charge for each clearance letter to cover processing. Your letter(s) should be ready for pick-up within approximately five business days. Only the applicant can pick up the letter unless authorization is provided at the time of the request. A notarized signature is required for mail-in requests. I authorize the following individual to process and receive the Clearance Letter on my behalf: Name of Authorized Individual | | Address:Monterey Park, CA, Zip Code: 917 | | | |
| 2. Full Name: CDL: Circle One: Male/Female Address: Monterey Park, CA, Zip Code: 917 Phone No: How long at the above address? From: To: (Put "present" if still living there) This clearance letter only covers residency in Monterey Park. Please complete the back of this form for additional addresses. Photo identification is required. There is a non-refundable \$92.00 charge for each clearance letter to cover processing. Your letter(s) should be ready for pick-up within approximately five business days. Only the applicant can pick up the letter unless authorization is provided at the time of the request. A notarized signature is required for mail-in requests. I authorize the following individual to process and receive the Clearance Letter on my behalf: Name of Authorized Individual Date of Application | | Phone No: | | | |
| Phone No: | | How long at the above | e address? From: | To: | (Put "present" if still living there) |
| Phone No: | 2. | Full Name: | | | |
| Phone No: | | Date of Birth: | | CDL: | Circle One: Male/Female |
| Phone No: | | Address: | Mc | onterey Park, CA | , Zip Code: 917 |
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| FOR OFFICE USE ONLY Money Received: Yes/No Receipt# Record Found: Yes/No By: Date: If yes (records found): Charge(s) | | | | | |
| Money Received: Yes/No Receipt# Record Found: Yes/No By: Date: If yes (records found): Charge(s) | Requestor's Signature | | | Date o | f Application |
| Record Found: Yes/No By: Date: If yes (records found): Charge(s) | | •••••• | FOR O | FFICE USE | <u>ONLY</u> |
| Record Found: Yes/No By: Date: If yes (records found): Charge(s) | Money | y Received: Yes/No | Receipt# | | |
| If yes (records found): Charge(s) | | | | | : |
| | | | | | |
| | - | | 0 () | | |

Address:

Additional Monterey Park Address:

there).

How long at the above address? From: ______To:_____(put "present" if still living there).

Address:_____

How long at the above address? From: ______To:_____(put "present" if still living there).