

Central Records and Communications

100 N. STATELINE AVENUE, BOX 15
TEXARKANA, TEXAS 75501-5666
903-798-3181
FAX: 903-793-3664

REQUEST FOR LOCAL CRIMINAL HISTORY

I, _____, request a local criminal history report for the following individual.

Full Legal Name: Last: _____, First: _____

Middle: _____

Race: _____ Sex: _____ Date of Birth: ____/____/____

Social Security Number: ____-____-____

Drivers License Number: _____ State: _____

Identification Number: _____ State: _____

Other names used: (ie: maiden name, names used in previous marriages or any alias names): _____

NOTE: Allow up to ten (10) business days to complete this Criminal History Request. Local Criminal History is for the jurisdictions of Texarkana and Bowie County.

Signature of person making request: _____

Contact Telephone Number: _____

Department Use Only

Clerk Receiving Request: _____

Receipt Number: _____

Date Received: _____ Time: _____

Date Completed: _____ Time: _____