



GLENN COUNTY PERSONNEL DEPARTMENT

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LAW ENFORCEMENT CONTACT FORM

Applicant Name _____

Applicant Date of Birth _____ Applicant Driver License # _____

Date Range: _____ to _____

NO CONTACTS

CONTACT RECORDS FOUND

Contact Type:	<input type="checkbox"/> Call for Service	<input type="checkbox"/> Investigation	<input type="checkbox"/> Infraction Arrest	<input type="checkbox"/> Misdemeanor Arrest	<input type="checkbox"/> Felony Arrest
Date:					
Charges:					
Brief Description:					

Contact Type:	<input type="checkbox"/> Call for Service	<input type="checkbox"/> Investigation	<input type="checkbox"/> Infraction Arrest	<input type="checkbox"/> Misdemeanor Arrest	<input type="checkbox"/> Felony Arrest
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Brief Description:					

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ *[Agency]*

_____ *[Signature]*

_____ *[Date]*

_____ *[Print Name]*

_____ *[Job Title]*