

CITY OF LOS FRESNOS  
RECORDS DEPARTMENT  
520 E Ocean Blvd., Los Fresnos, TX 78566  
OFFICE (956) 233-5768 FAX (956) 233-9879 jmoya@citylf.us

## Request for Local Arrest Records

### Check or Clearance Letter

---

I request a Local Arrest Records Check showing any arrests (misdemeanor and/or felony) in the records of the Los Fresnos Police Department for me under the name below. If there are no arrests then I request a Clearance Letter stating this fact. **A COLOR COPY OF A VALID ID (STATE DL OR ID, CONSULATE CARD, VISA, PASSPORT) IS REQUIRED**

I affirm that the information I have provided is accurate and true.

Last Name	First Name	Phone Number
Date of Birth	Social Security Number	Driver License (State and Number)
Address	City / State/ Zip	
Requestor (if different name being searched)	Request Purpose (Employment, Rent, Etc.)	
Signature	Date	

Signature confirms accuracy, authorize search and release to subject of search. Records checks will be held 30 days only. After 30 days, a new request and additional payment is required.

---

**If the request is different from the subject of the search, fill out the following**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
(Name of person who is the subject of the search –please print)

Request and authorize the Los Fresnos Police Department to release any and all arrest information concerning myself to

\_\_\_\_\_  
Name of requestor- please print

Signature	Date
-----------	------

Notarized authorization is required to release information if the requestor is not the subject of the search.

Before me appeared \_\_\_\_\_ who signed the authorization above.

Sworn and signed before me, a Notary Public in and for the State of \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_ (Seal)