

PERU POLICE DEPARTMENT

Matthew Feller, Chief

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Name: Middle Last (& Maiden Name) First DOB: _____ ADDRESS: ____ CITY: _____ STATE: ____ ZIP: ____ I hereby give permission for the Peru Police Department to do a limited criminal background check on myself. This record check is limited to local information and possible charges. Any disputed charges or possible charges would need to be addressed through the Miami County Courthouse or Probation Department. Signature: _____ Date: _____ Organization Requesting Background (if any) Address of Organization: Phone Number of Organization: Representative Name of Organization: NO RECORD FOUND RECORD FOUND ON ABOVE SUBJECT (SEE ATTACHED) CASE PENDING (NOT ABLE TO OBTAIN INFORMATION) CRIMINAL HISTORY CHECK COMPLETED BY: NAME: TITLE: DATE: