

Office of the Sheriff



Sheriff Carlton Speed

Banks County Sheriff's Office
160 Windmill Farm Road • Homer, Georgia 30547

1. This Request is For:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Military [E] | <input type="checkbox"/> Licensing [E] | <input type="checkbox"/> Firearm Permit [F] | <input type="checkbox"/> Housing [E] |
| <input type="checkbox"/> Employment working with Elderly [N] | | <input type="checkbox"/> Employment working with Mentally Ill [M] | |
| <input checked="" type="checkbox"/> Employment working with Children [W] | | <input type="checkbox"/> Prospective Adoptive / Foster Parents [E] | |
| <input type="checkbox"/> Employment Criminal Justice Non-Sworn [J] | | <input type="checkbox"/> Employment Criminal Justice Sworn [Z] | |
| <input type="checkbox"/> Employment Firefighter [E] | | <input type="checkbox"/> Other: _____ | |

2. A History is Requested on the Following Person:

Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: ____/____/____

Race (Check one): White Black Asian American Indian Unknown / Other Sex: _____

3. Person Requesting Criminal History:

Name: Whitmire Brooke
Last First Middle

Company Name (if applicable): Banks County Parks & Recreation

Address: 607 Thompson Street Homer, GA Phone: 706-677-4407

4. In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / ___ days from the date on this request. I agree that the Banks County Sheriff's Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at any time. I also understand that payment is due upon request. Unclaimed results will be destroyed in fourteen (14) days and additional request must be resubmitted.

Photo copy of a legal government ID must accompany this request.

X _____ Date: _____
Signature of Person whom Criminal History is being Inquired

Signature of Person Receiving Criminal History Date: _____

Official Use Only

Subscribed and Sworn to me Date Received: _____
this _____ day of _____, 20 _____ Receiving Officer _____

Notary Public RETURN: _____