133 I Dall	County Sheriff's Departr N. Riverfront Boulevard, as, Texas 75207 - 4313 DEZ, DALLAS COUNTY S Attn: <u>Semone Lilly</u>	LB - 31
Telephone : 214 ·	- 653 - 3462 Fax:	214 – 653 - 3420
Please fill out this form completely a in the amount of a thirty-five (\$35 <u>County Sheriff's Office.</u> " (NO PER questions, please contact STATEMENT: CLEARANCE IS	nd return to this office with a 5.00) which is non-refundable SONAL CHECKS, DEBIT OR C <u>Semone Lilly (214) 653-3462</u>	cashier's check or money order , made payable to the " <u>Dallas</u> CREDIT CARDS) If you have any 2, 8:00 a.m 4:30 p.m.
CHECK ONE:		
Visa Clearance Letter	Hunting Letter	
TO:		
(If request is for a Visa or)	Hunting Letter, the COUNTRY to	which you are traveling)
Police Clearance Letter	r	
WHY and Who:		
(If request is for a POLICE CLEARANCE LETTER, <u>please state why you need the</u> <u>letter and who can verify your request, name and telephone number</u>) (Information will be for records in Dallas County only)		
I,, do hereby authorize Sheriff Lupe Valdez, or her designee, to research the contents of any criminal history record that the Dallas County Sheriff's Office may possess concerning me. I also agree to hold Sheriff Valdez, or her designee, harmless should any information given to me become distributed to others.		
Name: (Please print)		
(Last)	(First)	(Middle)
List any former or alias names:	(Eirot)	(Middlo)
(Last)	(First)	(Middle)
(Last) Address:		
(Last) Address:(Street & Number)	(City)	(State) (Zip Code)
(Last) Address: (Street & Number) Date of Birth:	(City) Race:	(State) (Zip Code) Sex:
(Last) Address:	(City) Race: _ Driver's License No./I.D. card: _	(State) (Zip Code) Sex:State:
(Last) Address:	(City) Race: _ Driver's License No./I.D. card: Alternate Nu	(State) (Zip Code) Sex: State: mber: _()
(Last) Address:	(City) Race: Driver's License No./I.D. card: _ Alternate Nu Date:	(State) (Zip Code) Sex: State: mber: _()
(Last) Address:	(City) Race: Driver's License No./I.D. card: _ Alternate Nu Date:	(State) (Zip Code) Sex: State: mber: _()
(Last) Address:	(City) Race: Driver's License No./I.D. card: _ Alternate Nu Date:	(State) (Zip Code) Sex: State: mber: _()
(Last) Address:	(City) Race: Driver's License No./I.D. card: _ Alternate Nu Date: Day of	(State) (Zip Code) Sex: State: mber: _()
(Last) Address:	(City) Race: Driver's License No./I.D. card: Alternate Nu Date: Day of NOTARY PUBLIC in a	(State) (Zip Code) Sex:State: mber: _(), Year
(Last) Address:	(City) Race: Driver's License No./I.D. card: Alternate Nu Date: Day of NOTARY PUBLIC in a	(State) (Zip Code) Sex:

<u>copy of Driver's License or I.D. card plus a 2nd form of identification) to the address indicated above</u>. The original form and payment MUST be sent by courier service or through the U.S. mail. If payment is made in advance, the letters may be sent to you at the address indicated on this form. If you pick up the letter and make payment in person at that time, the cashier's window is open Monday thru Friday, from 9:00 a.m. to 4:00 p.m.) Again, only CASH, MONEY ORDER OR CASHIER'S CHECK accepted...... NO PERSONAL CHECKS, DEBIT OR CREDIT CARDS.