



CITY OF
CLARKSBURG
MUNICIPAL COURT

222 West Main Street
Clarksburg, WV 26301

(P) (304) 624-1610
(F) (304) 624-1616

Request for Local Criminal Record Check

Subject of Record Check

Full Name: _____
(Last, First and Middle)

Date of Birth: _____
(Month/Day/Year)

Social Security Number: _____

Last three (3) addresses at which you have resided:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization

I hereby authorize the release of any/all of my records by the Clarksburg Police Department and City of Clarksburg, West Virginia.

Signature: _____ Date: _____

Requesting Agency Information

Name of Requesting Agency/Individual: _____

Address: _____

Phone Number: _____

Please release records to me: ☐ In person ☐ By mail to the above address

Printed Name of Authorized Representative: _____

Date: _____

Signature: _____

Records released by the Clarksburg Municipal Court are records from the Clarksburg Police Department only. We do not maintain records for any felony arrests nor any other agency's records.