

# OPD

## OMAHA POLICE DEPARTMENT CRIMINAL HISTORY RECORD REQUEST

**DATE:**

**MAIL TO:**

Omaha Police Department  
Records Unit  
505 S 15<sup>th</sup> Street  
Omaha NE 68102-2769

**FAX:**

402-444-4913

**FEE:**

\$7

**REQUESTED FOR:**

**NAME:**

**MAIDEN NAME (OR OTHER NAMES USED):**

**DATE OF BIRTH:**

**SOCIAL SECURITY:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**REQUESTING AGENCY:**

**AGENCY:**

**NAME OF INDIVIDUAL REQUESTING INFORMATION:**

**PHONE:**

**FAX:**

402-934-3441

402-991-0674

**ADDRESS**

**CITY:**

**STATE:**

**ZIP CODE:**

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AGENCY SIGNATURE