



TENANT SCREENING CENTER INC.

EXECUTIVE OFFICES:
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SANTA ROSA, CA 95403

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INDIVIDUAL CRIMINAL REPORT COVER SHEET REQUEST FORM

EACH INDIVIDUAL PERSON – PER NAME PER COUNTY - \$20.00

****REPORT INCLUDES MISDEMEANORS & FELONIES WITHIN A SPECIFIC COUNTY****
****CAN TAKE UP TO 7 DAYS TO PROCESS REPORT****

YOUR SUBSCRIBER PIN #: _____ DATE: _____

NAME ON ACCOUNT: _____

REQUESTED BY: _____

YOUR PHONE #: (_____) _____

DO YOU WANT THE REPORT:

FAXED BACK (_____) _____

RETURN COVER SHEET (PROVIDED UPON REQUEST)

PHONED BACK (_____) _____

IF DIFFERENT THAN ON FILE AT TSC LIST NEW METHOD OF PAYMENT:

METHOD OF PAYMENT: CREDIT CARD # _____ - _____ - _____

EXPIRATION DATE _____ / _____

NAME OF PERSON ON CREDIT CARD: _____

IF PAYING BY CHECK, MAKE CHECK PAYABLE TO TSC INC.

PLEASE INDICATE HOW TSC SHOULD PROCESS THIS REQUEST:

****FOR CLARIFICATION PLEASE PRINT:**

APP 1 _____ BIRTH DATE _____ / _____ / _____

MALE FEMALE

COUNTY / COUNTIES TO SEARCH _____

** NUMBER OF PAGES ATTACHED _____