

Chattahoochee County Sheriff's Office

Hank Lynch, Sheriff

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Emergency: 911

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chattahooch13035@bellsouth.net

Local Criminal Records Check

By completing this form, I am acknowledging that this is a limited request to Chattahoochee County **ONLY**. By completing this form, I am authorizing the local criminal records check and the release from liability to all persons involved in the completion of the process. I am aware that this does not cover possibilities of former or existing charges elsewhere.

Name: _____

(Please print – LAST NAME, FIRST NAME, and MIDDLE NAME)

Alias/Maiden Name: _____

Date of Birth: _____ **Social Security Number** _____ - _____ - _____

Address: _____

Phone – Number: _____

Applicants Signature: _____

Date: _____

(Please include a copy of your state driver's license)

Results:

_____ **Record Found (Copy Included)**

_____ **No Record Found**

Records Division Signature: _____