

HAMPDEN POLICE DEPARTMENT  
106 WESTERN AVENUE  
HAMPDEN, ME 04444  
207-862-4000

Date: \_\_\_\_\_

Department of Public Safety  
State Bureau of Identification  
Maine State Police  
Augusta, ME 04330

As authorized by 16 M.R.S.A. C. 3, Sub C. VIII § 615, I request  
all conviction data on file within the State Bureau of  
Identification on the person listed below.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Request: Employment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Joseph L. Rogers  
Director of Public Safety