

**GENESEE COUNTY VOLUNTEER FIREFIGHTER  
ARSON BACKGROUND REQUEST FORM**

Forward To: **Genesee County Sheriff's Office Communications**  
**165 Park Road, Batavia, NY 14020**  
**(585) 343-9129 fax**

DATE:

REQUEST FOR: CRIMINAL RECORD  OTHER			REQUESTING AGENCY NAME & ADDRESS					REASON FOR REQUEST & CASE NUMBER					
NYSID #			NAME (Last, First, Middle)					ADDRESS (Last Known)					
NICKNAME			ALIAS and/or MAIDEN NAME					SEX		RACE			
								M	F	White	Black	Am.Indian	Other
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN TONE			HEIGHT		DATE OF BIRTH			AGE		PLACE OF BIRTH			
Light	Med.	Dark	Ft.	In.	Mo	Day	Yr.						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
AGENCY ORI			SOCIAL SECURITY NUMBER					FBI NUMBER					
NAME OF REQUESTING OFFICER							TITLE			SIGNATURE			

**REQUESTED RESPONSE**

**DATE:**  
**Rev.2**