



Police Department

2000 Stevenson Blvd., P.O. Box 5007, Fremont, CA 94537-5007

(510) 790-6800 ph | www.fremontpolice.org

# Request for Clearance Letter

Date/Time: \_\_\_\_\_

Name \_\_\_\_\_

Phone (mobile) \_\_\_\_\_

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

Phone (work) \_\_\_\_\_

\_\_\_\_\_

Phone (home) \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Information Needed:** A copy of your driver's license and payment of \$16.00.

**Cost:** \$16.00

## Payment Information

Name on Credit Card: \_\_\_\_\_ Security Code on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date (MM/YY): \_\_\_\_\_

**Form Submission:** Email this form and a copy of your valid driver's license or ID to [Records@fremont.gov](mailto:Records@fremont.gov)

### Select Delivery Method (check one):

Mail (to above address):

Pickup: \_\_\_\_\_

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*FOR DEPARTMENTAL USE ONLY*

Request Approved:

Files Shown:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_