

1130 Bluffs Parkway **Canton, GA 30114** P 770-721-7810

www.cherokeega.com dsc@cherokeega.com

Last name:			LC#		
First name:		Middle name:			
Maiden name:		Phone #			
Address:					
City:	State:	Zip:		County:	
Sex: Race: Black White American Indian Asian Pacific Islander Alaskan Native		Height:		Weight:	
Color eyes:	Color hair:	SSN#			
Date of birth:	Place of birth:				
City:		State:			
Drivers license number:		State	::	Expiration date:	
Employer:			Employer's phone #		
Address of employer:					
address and the title of the business, agency, or orgal have the individual's name and address. (O.C.G.A.§35 its entirety. Do not change, strike through, or white our Development Services, and other NCJ reasons as allow Cherokee County Development Services and Shannon APPLICANT'S NAME	5-3-34) For the Cherokee Sheriff ut any information. This form is red by O.C.G.A. §35-3-34 and wi	's Office for the (e to better serv Cherokee Sher	ve you, please fill out this form neatly and in iff's NCJ consent form for Cherokee County	
THISDAY OF20					
	SHERIFF'S OFFICE USE	ONLY	, -		
DATE PROCESSED: SID:	1	BI:			
OPERATOR: MAILED:	PICKED UP:		INTER	OFFICE:	
Records obtained from the Cherokee County Sheriff's Office is shall not be held responsible for information obtained by and contain errors or omissions. Use of information disseminated	other agency, State or Federal, whic	h provide	es such informat	ion and whose files reflect records which may	

This is a name base criminal history only, for a more accurate criminal history fingerprints will need to be submitted.

The \$15.00 application fee is non-refundable.