



SAUSALITO POLICE DEPARTMENT

29 CALEDONIA STREET, SAUSALITO, CA 94965

Phone: 415/289-4170

Fax: 415/289-4175

CLEARANCE LETTER

(Carta de Autorizacion)

A fee of \$25.00 must be included with this form.

(Un honorio de \$25.00 se debe incluir con esta forma).

NAME: _____
(NOMBRE) (FIRST/PRIMER) (MIDDLE/MEDIO) (LAST/ULTIMO)

OTHER NAMES USED: _____
(OTROS NOMBRES USADOS)

ADDRESS: _____
(DIRECCION)

PHONE NUMBER: _____
(NUMERO DE TELEFONO)

DATE OF BIRTH: _____
(FECHA DE NACIMIENTO)

FORM OF PHOTO ID (Please include a photocopy): _____
(FORMA DE IDENTIFICACION DE IMAGEN. Por favor incluye una copia)

REASON FOR CLEARANCE LETTER: _____
(RAZON DEL CARTA DE AUTORIZACION)

SIGNATURE: _____ **DATE:** _____
(FIRMA) (FECHA)

For Records Unit Use Only

Received By: _____ Date: _____

Processing Fee Paid: _____ Photo I.D. Attached: _____