



FOR OFFICIAL USE

Amount Received: _____
Receipt Number: _____
Date: _____
Initials: _____

POLICE EXAM - DUPLICATE LETTER REQUEST FORM

FOR SECURITY REASONS, WE DO NOT EMAIL POLICE EXAM RESULTS LETTERS
Allow a Minimum of Three (3) Working Days for Processing

CONTACT INFORMATION:

Date of Birth: ____/____/____ Primary Phone: () _____ - _____

Name: _____
Last First Middle

Address at time of test:

_____ STREET CITY STATE ZIP

Current Address if different from above:

_____ STREET CITY STATE ZIP

Email Address: _____

EACH DUPLICATE LETTER REQUESTED IS \$10 (POPT)

Date Police Exam Was Taken: _____

Number of Copies Requested: _____

TOTAL PAYMENT: _____

Signature: _____ **Date:** _____

Method of Payment

Check (Attached and made payable to GBCC) Check Number _____

Charge to MasterCard/Visa/Discover (Please Circle)

Name on Card: _____ Card # _____ Expiration Date: _____