



**STAFFORDSHIRE
POLICE**

STANDARD REQUEST FORM FOR DISCLOSURE OF POLICE INFORMATION

This form is to be used to request information from the police relating to the Safer Communities MoU. The information below is provided on the strict understanding that such information is only for the use of the applicant's organisation and civil courts. It will not be used for any other purpose without the prior permission of Staffordshire Police.

Request from:

Name	
Organisation	
Contact Telephone Number	
Date	



**STAFFORDSHIRE
POLICE**

INFORMATION REQUESTED RELATES TO THE FOLLOWING PERSON/S

Surname:

Forename/s:

Date of Birth:

Address:

Surname:

Forename/s:

Date of Birth:

Address:

Surname:

Forename/s:

Date of Birth:

Address:



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INFORMATION BEING REQUESTED

Provide a summary of the information being requested, what are your grounds for the request and what do you intend to do with the information provided:

Date from which information is being requested:

Return completed request to: information.exchange@staffordshire.police.uk



**STAFFORDSHIRE
POLICE**

STAFFORDSHIRE POLICE RESPONSE TO THE REQUEST

Date:

Response: