Persons requesting a Police Clearance Letter must be physically identified by comparing them to their photo identification. Understanding that this is not always possible we have developed the following processes. You can use either process to verify your identity.

SUBMIT YOUR REQUEST IN-PERSON AT THE MONTEREY POLICE DEPARTMENT

1. Print and complete the Clearance Letter Request form. Forms are also available at the Police Department.
2. Present it with your valid identification and $20 processing fee at:
   Monterey Police Department
   351 Madison Street
   Monterey, CA  93940

SUBMIT YOUR REQUEST VIA MAIL BY COMPLETING THE FOLLOWING STEPS

1. Verify your identity with a Notary Public
   A. Make a copy of current identification that includes a photograph (i.e., Drivers License or Passport) with the words "This is my personal identification" printed on the copy.
   B. Sign below the statement and have a Notary acknowledge your signature and that you match the identification.
   C. Submit the notarized document and your Clearance request with $20 for each Clearance Letter requested to:
       Monterey Police Department
       351 Madison Street
       Monterey, CA  93940
       USA
       OR

2. Verify your identity with your local law enforcement agency
   A. Have your local law enforcement agency send us a fax on their agency's stationery stating that you have been properly identified along with a copy of the photo identification used for the identification. Please direct fax to: Police Administration at 831-646-3802.
   B. At the same time, you must send us a copy of your SAME PHOTO IDENTIFICATION via mail with your Clearance request and $20 for each Clearance Letter requested to:
       Monterey Police Department
       351 Madison Street
       Monterey, CA  93940
       USA
CLEARANCE LETTER REQUEST

Name: ___________________________________________________________

(LAST NAME, FIRST NAME, MIDDLE)

MONTEREY Address:

____________________________________________________________________

PHONE NUMBER: ____________________________________________________

ID Type (CDL, Passport, etc.) and #: _________________________________

Expiration Date: ____________________________________________

REASON FOR REQUEST: __________________________________________

____________________________________________________________________

Fee Paid: $ _______________________________________________________

Records Check Completed by: ___________________________ Date: ________

______ Hold for pick-up. _____ Please mail to:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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