



# Omak Police Department

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**Daniel J. Christensen**  
Chief of Police

## APPLICATION FOR FINGERPRINTS

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Physical Address \_\_\_\_\_ Town & Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town & Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Aliases (Maiden Name) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_