



San Diego County SHERIFF'S DEPARTMENT

REQUEST FOR PC290 TIER NOTIFICATION LETTER

Last Name		First Name		Middle Name		Suffix	
Alias Last Name		First Name		Middle Name		Suffix	
Date of Birth	Height	Weight	Hair color	Eye color	() Home Phone	() Cell Phone	
Place of Birth	Driver's Lic # / State ID #	DL State	Expiration Date		Social Security Number		
CII # (on registration card)							

RESIDENCE INFORMATION

☐ Transient Location(s) Frequented by Transient: _____

☐ Single Family Residence ☐ Apartment / Condo ☐ Hotel / Motel ☐ Other : _____

Street Address	Apt / Unit	City	State	Zip Code
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Registrant Signature

Date

☐ I would like to pick up the letter Tuesday or Wednesday between 8:00-12:00

☐ Please mail the letter to above address

☐ Please mail the letter to _____

FOR OFFICE USE ONLY

RECEIVED BY _____	DATE _____
LETTER COMPLETED BY _____	DATE _____
LETTER WAS: PICKED UP <input type="checkbox"/> MAILED <input type="checkbox"/>	DATE _____
ID SIGHTED BY _____ ARJIS# _____	DATE _____