

P.O. BOX C
LARAMIE, WY 82073



CLERK: (307) 721-5205
FAX: (307) 721-5352

406 E. IVINSON ST. LARAMIE, WY 82070

MUNICOURT@CITYOFLARAMIE.ORG

REQUEST FOR BACKGROUND CHECK

Date of Request: _____

Name of Person of Interest: _____ Date of Birth: _____

Other Names Used: _____

Reason for Request: _____

INFORMATION ON PERSON MAKING REQUEST

Name (printed): _____

Address: _____

Telephone Number: (_____) _____

Email: _____

Check here if electronic transmission is preferred

Signature: _____ Date: _____

\$10.00 Fee Per Background Request
Mail Check or Certified Funds To:
Laramie Municipal Court
P.O. Box C
Laramie, WY 82073

Requests are only held for 90 days

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For Office Use Only

Date Received: _____ Payment Received Date Processed: _____