



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 _____