



COUNTY OF SAN MATEO  
**OFFICE OF THE SHERIFF**

**A TRADITION OF SERVICE SINCE 1856**

CARLOS G. BOLANOS, SHERIFF  
MARK C. ROBBINS, UNDERSHERIFF

Attached is copy of the Visa / Police Clearance Request form. Please fill out the form completely and send it in with a copy of your Driver's License or government issued ID.

There are 3 options in sending in the information:

You can bring the request in person or mail it to:

**San Mateo County Sheriff's Records  
400 County Center, 3<sup>rd</sup> Floor  
Redwood City, CA 94063**

You can also make the request via email to: [sheriffs\\_recordsrequest@smcgov.org](mailto:sheriffs_recordsrequest@smcgov.org)

When mailing, please include an \$11.00 money order or cashier's check with an enclosed self-addressed envelope.

If you choose to come in person, please bring \$11.00 **EXACT CASH**

**\*\*\*\*\* DUE TO COVID-19 ALL OF OUR COUNTERS  
ARE CURRENTLY CLOSED PLEASE MAKE YOUR  
REQUESTS VIA EMAIL TO:**

**[sheriffs\\_recordsrequest@smcgov.org](mailto:sheriffs_recordsrequest@smcgov.org).**

**WE ARE NOT CHARGING AT THIS TIME\*\*\*\*\***

Carlos G. Bolanos, Sheriff



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**APPLICATION FOR A VISA LETTER / POLICE CLEARANCE LETTER**

PLEASE PRINT

**Full Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Number Street Apt. City State Zip

**Telephone #:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer's Name & Address:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**Name of Nearest Relative or Friend:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

WILL PICK UP? (Y/N) \_\_\_\_\_ \*TO BE MAILED? (Y/N) \_\_\_\_\_ NOTARIZATION? (Y/N) \_\_\_\_\_

(Complete address required, include zip code) \*MAIL or EMAIL TO: \_\_\_\_\_

Please email form and copy of ID to : [sheriffs\\_recordsrequest@smcgov.org](mailto:sheriffs_recordsrequest@smcgov.org)