



**Rockaway Township Police Department**  
 65 Mount Hope Road  
 Rockaway, New Jersey 07866  
 Main – (973) 625-4000 Fax – (973) 586-0047



**Letter of Good Conduct**

**\*\*\* Form must be submitted in person to Law Enforcement Officer of Rockaway Township Police \*\*\***  
**Monday – Friday between the hours of 9 AM and 4 PM.**  
**There is a \$10.00 fee payable by cash or check to Rockaway Township Police due at the time of request.**

Local Record Check Only				
Name:		Current Address:		
City:	State:		Zip:	
Day Phone Number:		Evening Phone Number:		
Rockaway Township Address (if different from above):				
Alias (Include Maiden Name):				
DOB:	Sex:	SSN#:	DL#:	State:
Length of Residency in Rockaway Township: From: _____ To: _____				

Identification must be presented when presenting this form.	
Signature of Person Making Statement: _____ <div style="text-align: center; font-size: small;">Signature must be witnessed</div>	
Signature Witnessed by:	Operator ID#:

Where would you like the letter sent:	My Current address	Will stop back and pick it up
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Office Use Only			
Proper Identification	Fee Paid	Letter Sent	Picked Up in Person
Processed by: _____		Date: _____	