

Background Investigation Authorization Form

I hereby authorize the City of Charlevoix Police Department to conduct a background investigation pertaining to my application for license. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the City of Charlevoix, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the City's investigation.

Unless revoked earlier by me, this release shall continue to be effective for the duration of this license. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the City of Charlevoix and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder.

Department Requesting Information: Clerk's Office

Applicant's Signature

Date

Please Print – First Name/Middle Name/Last Name

Date of Birth

Driver's License Number

State

Police Department Use Only

Date Rec'd from
Dept. Head

Date Records
Check Completed

Date Returned to
Dept. Head

Initials of Individual
Running Check

Status of background check:

- ☐ No records to report
☐ Contact Police Department