



TOWN OF BURRILLVILLE
 105 Harrisville Main St.
 Harrisville, RI 02830
 (401) 568-4300, Ext. 114

CRIMINAL RECORDS CHECK AUTHORIZATION

Last Name	
First Name	
Middle Initial	
Any alias names used (including maiden name)	
Date of Birth	
Social Security Number	
Address	
List all States in which you have lived as an adult	

I, _____, certify that the above information is accurate. Also, I understand that a criminal history check on me in each State listed above. I further authorize disclosure of any record found to the appropriate personnel at the Burrillville Town Clerk's Office.

Applicant's Signature	Date
Notary Signature	Date
Notary Print	
Commission Expires	