



BURRILLVILLE TOWN CLERK'S OFFICE
105 HARRISVILLE MAIN STREET, HARRISVILLE RI 02830
401-568-4300, EXT. 0

**CRIMINAL HISTORY CHECK
RELEASE FOR INFORMATION**

Full Name
(First, Middle Initial, Last)

Any alias names used
(including maiden name)

Date of Birth

Social Security Number

Address
(Street, City/Town, State)

I, _____, certify that the above information is accurate. Also, I understand that a criminal history check will be conducted on me; and authorize the Burrillville Police to make available to the Burrillville Town Clerk's Office a report of any State of Rhode Island criminal record accessible to the Burrillville Police.

Applicant's Signature

Date

Notary Signature

Date

Notary Print

Commission Expires

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE CLERK'S OFFICE WITH YOUR BUSINESS LICENSE APPLICATION.

Burrillville Police: Please return this form to the Town Clerk's office after it's been processed. Thank you.