

CITY OF BLUFFTON

TAMARA D. RUNYON, IAMC, CMC
OFFICE OF THE CLERK TREASURER
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BLUFFTON IN 46714-2022

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E-Mail: cityclerk@ci.bluffton.in.us

DATE: _____

REQUEST FOR RELEASE OF BACKGROUND HISTORY INFORMATION

I, the undersigned, hereby authorize and give my consent to the Bluffton Police Department, and Wells County Sheriff's Department, Wells County, Indiana to release to the office of the Clerk-Treasurer any and all criminal history information regarding myself as is available to the Bluffton Police Department and/or the Wells County Sheriff's Department.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Bluffton, Wells County, the Bluffton Police Department, Wells County Sheriff's Department or any of the officers or employees of the City of Bluffton and/or Wells County, that may arise as a result of the release of this criminal history information.

PRINTED NAME: _____ S.S. No: _____

MAIDEN NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

SIGNATURE OF PARENT IF UNDER 18 YEARS OF AGE: _____

WITNESS: _____

*****FOR POLICE DEPARTMENT/SHERIFFS DEPARTMENT USE ONLY*****

DATE: _____

NO CONVICTION DATA FOUND

SEE ATTACHED CRIMINAL HISTORY

BLUFFTON POLICE DEPARTMENT/WELLS COUNTY SHERIFFS DEPARTMENT

NOTE: ANY CRIMINAL HISTORY INFORMATION FURNISHED IS BASED UPON THE NAME AND DATE OF BIRTH GIVEN ABOVE

SUBSCRIBED AND SWORN BEFOR ME THIS _____ DAY OF _____, 2010.

MY COMMISSION EXPIRES: _____

Notary Public

CITY _____ COUNTY _____ STATE _____