GRAND HAVEN
DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417
Office 616.842.3460 • Fax 616.847.6050

Rick Yonker, *Captain* | Renée Freeman, *Lieutenant* | Joseph Boyle, *Lieutenant*

PERSONAL RECORDS CHECK

I am requesting a records background check on myself for the following reason:

_____.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I hereby authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to release any information it may have in its records or may obtain from other sources under my own name and birth date, including my fingerprints, and I hereby release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.

PLEASE PRINT:

Name: _____/_____/_____/_____
(Last) (First) (Middle) (Maiden/Alias)

Address: _____
(Address, City, State, Zip)

Date of Birth: _____/_____/_____ Drivers License Number: _____

Signature: _____

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_____ No records were found identifiable with the above individual.

_____ Local records check did disclose information with the individual named above. The information is provided below:

Date of Event	**Event**	**Complaint Number**

Records Check completed by:_____ Date:_____/_____/_____
(Records Clerk Signature)

Years included in records check:_____

_____
Signature of Official

_____
Title

_____
Date

Subscribed and Sworn To Before Me On

This_____ day of_____, 20___

In_____ County, State of Michigan

_____
Notary Public

My Commission Expires: _____