GRAND HAVEN
DEPARTMENT OF PUBLIC SAFETY
525 Washington Avenue • Grand Haven, MI 49417
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Dennis S. Edwards
Chief
Director of Public Safety

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 #: ___/_______/_______/________/_______

Signature: ____

✓✓

________ No records were found identifiable with the above individual.

________ The records check did disclose information with the individual named above. Date is provided below.

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

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Records Check completed by: ____________________________________ Date: ______/______/_______
(Records Clerk Signature)

Years included in records check: _____________