



PONCE INLET POLICE DEPARTMENT
PONCE INLET, FLORIDA

Authorization to Obtain Information

I authorize the Town of Ponce Inlet, Florida, to perform a background investigation in connection with my application for : _____

Name

Date of Birth

Social Security number

This information may include information as to my credit, police convictions, Division of Motor Vehicle records, personal references, professional references, previous employers, and other appropriate sources.

I authorize the release of any information that the Town of Ponce Inlet may request from the above sources.

Applicant's Signature

Date

State of Florida
Town of Ponce Inlet

On this _____ day of _____, 20 _____, _____

Whose name is signed to the foregoing instrument personally appeared before me, acknowledged the foregoing signature to be his, and having duly sworn by me, made oath that the statements made in the said instrument are true.

Notary Public

Seal: