

CITY OF BATAVIA POLICE DEPARTMENT

10 WEST MAIN STREET, BATAVIA, NEW YORK 14020

PHONE (585) 345-6350 FAX (585) 344-1878

Fee \$10.00 pre paid

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REQUEST AND AUTHORIZATION FOR TENANT BACKGROUND CHECK
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Rental Agreement with Property Owner: _____

(Landlord Name Do not use DBA's)

Property Owner's Address: _____

Property Owner's Phone number: _____

Tenant Information:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Sex: _____ Height: _____ ft. _____ in. Weight: _____

Hair color: _____ Eye color: _____ Soc. Sec. #: _____

Other Names Used (including Maiden Name): _____

Present Address: _____

Have lived at present address From: _____ To: _____

Prior Address if less than 1 year: _____

Name of Prior Landlord: _____

Employed: () Yes () No Name of employer: _____

I request and authorize the Batavia Police Department to conduct a search of its records for any Arrest and Contact information about me contained therein for the last five years, and to describe such information on this form. I give consent to release this information to above Landlord. All information provided above is true and accurate.

SIGNED: _____ DATE: _____

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Do Not Write Below this Line

NOTICE: The results of this record check reflect information contained in the records of the Batavia Police Department Database Only. Arrests or other police activity conducted by other law enforcement agencies in other jurisdictions are not reflected in this records check.

A check of the records of the Batavia Police Department reflects the following:

Prior Arrest exist Contact Records for more information

Signed: _____ Title: _____ Date: _____