



This Authorization Form will be given to Frazee Police Chief for the purpose of a rental background check.

NOTE: A copy will not be retained at the City Office. Please keep for your own records.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, _____
(Last Name) (First Name) (Middle Name)

hereby authorize any State of Local Repository of Criminal Records to disclose to the City of Frazee Police Department, the following information which is contained in my file: **Any criminal activity, complaints, suspicious calls, reports, arrests and/or convictions**, including those with respect to the following:

1. Any violent criminal activity, which has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another.
2. Drug related criminal activity including but not limited to:
 - a.) Possession, usage, distribution, transportation, sale, manufacture, or storage of illegal drugs and/or drug paraphernalia; or
 - b.) Conviction of violating any state or federal laws relating to illegal drugs and /or drug paraphernalia.

This information may be used for the following purpose(s) only: *Rental eligibility*

This release shall be effective until thirteen (13) months from the date of signature. I agree that a photocopy of this authorization may be used for the purpose stated above.

Date of Birth: _____

Driver's License Number: _____

Signed: _____ **Date:** _____

Registered Rental Property Owner: _____

Landlord Contact Number: _____

For Office Use Only:

Check fraud _____ Detail of known Criminal Activity _____

Chief of Police statement: _____

Signature by Chief of Police: _____