

Penns Grove Police Department

1 State Street, Penns Grove N.J. 08069, 856-299-0056

Richard Rivera
Police Director
856-299-0098 ext. 106

Cpl. Robert Frett
Operations Officer
Office: 856-299-7003

LANDLORD /TENANT LOCAL BACKGROUND CHECK INFORMATION RELEASE REQUEST FORM

To be completed by requestor:

Landlord Name: _____

Phone#: _____

Email: _____

Mailing Address: _____

(If Applicable) _____

PLEASE SEND REQUEST RESPONSE: (Choose how Police Clerk should respond with

MAIL

PICK UP

EMAIL

OFFICE USE ONLY:

Received By: _____

Date Received Request: _____

Date Responding to Request: _____ Via: _____

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LANDLORD /TENANT **LOCAL** BACKGROUND CHECK INFORMATION RELEASE
REQUEST FORM RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION
(ANYONE 18 YEARS OF AGE OR OLDER SHOULD FILL OUT THIS FORM)

To all Law Enforcement, Courts, Probation Departments, Selective Service Boards, Employers, Educational and other Institutions,

I, _____, give Penns Grove Police Department permission to conduct a local background investigation of my person, and previous addresses, etc. Therefore, you are authorized to release information to: _____, owner of potential rental property, to include: any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge and exonerate Penns Grove Police Department and the Borough of Penns Grove, its agents and representative, and any person so furnishing, inspection or collection of such documents, records and other information, or the investigation made by requesting landlord.

A photo static copy of this authorization will be considered as effective and valid as the original.

Full Legal Name: _____

Any Aliases: _____

Date of Birth: ___/___/___ Social Security No.: _____-_____-_____

Previous Residence (to include the last 5 years):

Period at the residence: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Period at the residence: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Period at the residence: ___/___/___ to ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____