

REQUEST AND AUTHORIZATION FOR TENANT BACKGROUND CHECK

CR#: _____

Name of prior landlord: _____

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

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

Please keep in mind this release is only for records on file at the Village of LeRoy Police Department. It will not include records from any other agencies (ie: Genesee County Sheriff's Department, NYS Troopers, etc.)

The information requested shall be valid for a period of one year from the date of the execution of this document.

□ **REQUIRED**: I have attached a copy of my valid NYS Driver's License or another government-issued photo identification.

Date:

Village of LeRoy Police Department 3 West Main Street, LeRoy, NY 14482 Phone: 585-768-2527 Fax: 585-768-8037