



Town of Manlius Police Department  
**Criminal History Records Check**

Please Print

**Submit with authorizing person's original signature only**

I, the undersigned, hereby authorize the Town of Manlius Police Department, Manlius, New York, to release to:  
Village of Fayetteville any Town of Manlius Police Department records or any police records that may be associated with the Town of Manlius Police Department's records, located in a central repository for such police / criminal history records, on file under the following name(s):

Legal Name \_\_\_\_\_

Also known as \_\_\_\_\_

Maiden Name \_\_\_\_\_

SS# \_\_\_\_\_

Place of Birth \_\_\_\_\_

(City, State)

Date of Birth \_\_\_\_\_

Sex  M  F Race \_\_\_\_\_

Current Address \_\_\_\_\_

(Street, City, State, Zip)

Previous Address \_\_\_\_\_

(Street, City, State, Zip)

Requesting individual's signature \_\_\_\_\_

Date \_\_\_\_\_

Reason for request \_\_\_\_\_

It is understood that this search is of Town of Manlius Police Department / associated records and does not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the Town of Manlius Police Department, its officers and employee's from and against any and all claims, demands, actions, suits and proceedings by others, against all liability to others, including but not limited to any liability for damages by any reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history records check.

Authorizing Party's signature \_\_\_\_\_

Date \_\_\_\_\_

**Notice**

***This form must be notarized if NOT presented in person by the authorizing party.***

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

ss.: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_,

Before me personally appeared the above named individual, who I am satisfied is the principal named in this certification; and the principal acknowledged the execution of this document as the principal's voluntary act for the purposes set forth.

\_\_\_\_\_  
Notary Public

*Use this Notary section if the record check must be notarized.*

State of New York )

County of Onondaga ) ss.:

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public