BURRILLVILLE POLICE DEPARTMENT

1477 VICTORY HIGHWAY • OAKLAND, RHODE ISLAND
Mailing Address: P.O. Box 231, Harrisville, Rhode Island 02830
Phone:(401) 568-6255 • Fax: (401) 568-9499

Colonel Stephen J. Lynch
Chief of Police

BCI WAIVER AUTHORIZATION

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____-_____-_____ Phone Number: (_____)_____-_____

Address: _____ City: _____ State: _____

How long at this address? _____

I hereby direct and authorize the Burrillville Police Department to obtain from the Bureau of Criminal Identification for the State of Rhode Island, a criminal record that the Bureau of Criminal Identification has on file in reference to me. I further authorize the Burrillville Police Department to release this information to the following company, firm or individual.

Company Name: _____

Address: _____ City: _____ State: _____

I hereby waive and release any and all manner of actions, causes of actions and demands of every kind, nature and description arising from any release of criminal records and requests therefore; whatsoever, against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the employees of the Attorney General's Office, the Town of Burrillville, the Burrillville Police Department and the employees of the Burrillville Police Department, in both law and equity which I may now have or in the future may have.

_____
Signature of Applicant

Notary Public Information:

Subscribed and sworn before me this _____ day of _____, 20___

_____ _____
Notary Public Commission Expires

STAMP RECORD/
NO RECORD