

City of Sanford, Maine

Office of the City Clerk/Registrar of Voters

919 MAIN STREET

SANFORD, MAINE 04073-3589

(207) 324-9125 (207) 324-9127 FAX

CITY CLERK
&
REGISTRAR
Susan H. Cote

MENTAL HEALTH AND ABUSE CLINIC - CRIMINAL HISTORY RELEASE

I hereby give permission to Thomas P. Connolly Jr., Chief of Police for the Town of Sanford, Maine, or his designee, to perform a criminal history record check on myself as part of my application for a Mental Health and Abuse Clinic with the Town of Sanford, Maine. I further understand that I must pay a non-refundable fee (Currently \$21.00 twenty-one dollars) for this record check to be done.

NAME: _____

ADDRESS: _____
(STREET #/NAME) TOWN/CITY & STATE (ZIP)

(MAILING ADDRESS IF DIFFERENT)

PREVIOUS ADDRESS (if less than 5 years at above location): Use back if more space is needed.

ADDRESS: _____
(STREET #/NAME) TOWN/CITY & STATE (ZIP)

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

DAYTIME PHONE: (____) _____ EVENING PHONE: (____) _____

My signature below attests that all of the above statements are true fact.

Signature of Applicant

THIS FORM MUST BE NOTARIZED

State of _____ County of _____

Personally appeared before me _____
this _____ day of _____ 20 _____ who made oath to the truth of the
foregoing statements.

Signature of Notary