

TOWN OF OSWEGO FIRE DISTRICT

640 County Route 20

Oswego, NY 13126

Criminal History Records Check

I, the undersigned, hereby authorize the New York State Court System and the Oswego County Sheriff's Department to release to the Town of Oswego Fire District, any criminal history records, on file under the following name(s):

Legal Name _____

Also known as _____

Maiden Name _____

Date of Birth _____ Social Security Number _____

Place of Birth _____

Address _____ from _____ to present

Previous Address _____ from _____ to _____

Height: _____ Race: _____

Requested by (Commissioner) _____ Date _____

It is understood that this search is of New York State Criminal Court records and that of Sheriff's/associated police records and may/may not include information from other police agencies. The Authorizing Party hereby agrees to indemnify and hold harmless the New York State Court System and the Oswego County Sheriff's Department, its officers and employees 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 action whatsoever, and against any loss, cost, expense and damages resulting there from, arising out of or involving any negligence on the part of the Authorizing Party in the execution of this criminal history records check.

Motorist I.D. Number _____

Authorizing Party's (Applicant's) Signature

Date