



# Waterville Police Department

## Chief of Police John Manning

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Waterville MN 56096  
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### Consent for Release of Information

The below listed person is requesting that a records (Criminal History, Driver's License, Waterville Police Department In-house, Le Sueur County Sheriff's Office, or any other law enforcement agency) check to be completed for the purpose of obtaining information on themself. \*By signing and completing the advisor and completing the information being requested, the below listed person has approved the checks being requested and the use of said information for its intended purpose and to provide the information to any parties involved in said official capacity. Failure to complete this form may hamper the ability to complete the request being made and ultimately prevent processing of said request.

(Optional: For BCA Criminal History Checks only) I, the undersigned, do hereby authorize the release of criminal information obtained through the Bureau of Criminal Apprehension, and local law enforcement records as required for the purpose of:

BCA Criminal History Check:  (Y)  (N)

Other Form of Check requested: Background Check, Criminal History, etc.

(Full name: First/Middle/Last) \_\_\_\_\_

(Date of Birth: Month/Date/Year) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Current address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Below information is for requests of Peddlers/Hawkers Licenses)

Company you are representing: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company phone: \_\_\_\_\_

\*(Signature and date) \_\_\_\_\_

-State Photo Identification Required: (State ID Checked) Yes (  ) No (  )

City Of Waterville Staff receiving request \_\_\_\_\_