



**WATERFORD POLICE DEPARTMENT
41 AVERY LANE
WATERFORD, CT 06385-2819**



**Marc Balestracci
Chief of Police**

(860) 442-9451 TEL

mbalestracci@waterfordct.org

**Local Background Check Request Form
Photo Identification Required
Please Print**

Date of Request _____

Name _____

Date of Birth (please format MM/DD/YEAR) _____

Address _____

Maiden/Alias Names _____

*Signature _____

*By submitting this request, I certify that all information contained in this request is complete and accurate. I hereby further authorize the Waterford Police Department to conduct a local background check using files pertaining to both traffic and criminal arrests under the listed name.

*I hereby release the Waterford Police Department, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may result due to compliance with this authorization and request to release information.

- I have read, understand and agree to the background check waiver.
- I do not agree to the background check waiver.

Waterford Police Use Only

Date of Incident	Charge/s	Disposition