NOTE: Must be notarized. Your signature must be witnessed by a notary.

EATONVILLE POLICE DEPARTMENT
PO Box 309 / 201 Center Street West
Eatonville, WA 98328
(360) 832-6111 Fax 832-2093

To Whom It May Concern:

I am an applicant for the position of Chief of Police with the Town of Eatonville. State Law mandates the completion of a comprehensive background investigation to determine if I possess the requisite personal and moral fitness to serve in this capacity.

I HEREBY AUTHORIZE AND DIRECT YOU, YOUR ORGANIZATION, AND ITS OFFICERS, AGENTS, ASSIGNS AND EMPLOYEES TO RELEASE ANY AND ALL INFORMATION WHICH YOU MAY POSSESS ABOUT ME, INCLUDING INFORMATION WHICH MAY BE DEEMED CONFIDENTIAL, PRIVILEGED AND/OR DEROGATORY IN NATURE, INCLUDING, BUT NOT LIMITED TO: EMPLOYMENT INFORMATION, OFFICIAL EMPLOYMENT DOCUMENTS, EMPLOYMENT PERFORMANCE DATA, INTERNAL INVESTIGATIONS, DICIPLINE, INCLUDING INFORMATION WHICH MAY, AS A RESULT OF ANY AGREEMENT BETWEEN THE UNDERSIGNED AND YOUR ORGANIZATION, HAVE BEEN SEALED; CHARACTER REFERENCE INFORMATION; BACKGROUND INVESTIGATIONS; EDUCATIONAL RECORDS AND TRANSCRIPTS; CREDIT AND FINANCIAL RECORDS; AND LOCAL CRIMINAL HISTORY INFORMATION PURSUANT TO STATE LAW.

I HEREBY EXONERATE, RELEASE AND DISCHARGE YOU, YOUR ORGANIZATION, ITS OFFICERS, AGENTS, ASSIGNS AND EMPLOYEES FROM ANY LIABILITY OR DAMAGES, WHETHER IN LAW OR IN EQUITY, NOW AND IN THE FUTURE, FOR COMPLYING WITH THIS REQUEST AND FOR FURNISHING THE INFORMATION REQUESTED BY THE BEARER OF THIS AUTHORIZATION FORM.

I HAVE SPECIFICALLY WAIVED ANY RIGHTS I MAY HAVE TO REVIEW OR INSPECT ANY AND ALL OF THE INFORMATION DEVELOPED IN THIS INVESTIGATION, SO YOUR RESPONSES WILL REMAIN COMPLETELY CONFIDENTIAL. YOU MAY RETAIN A COPY OF THIS FORM FOR YOUR FILES.

Full Name of Applicant: _____

Date of Birth: _____ Last 5 numbers Social Security: _____

_____
Applicant's Signature Date

_____
Applicant's Printed Name

Subscribed and sworn before me on the _____ *day of* _____, _____.

_____ *Notary Public in and for the State of* _____

Residing at the City of _____. *Expiration date of my commission* _____.

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.