



## TOWN OF EVANS POLICE DEPARTMENT

8787 Erie Road, Angola, NY 14006

716-549-3600 Fax 716-549-6089



## CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

State of New York

County of Erie

Town of Evans

Date: \_\_\_\_\_

I, \_\_\_\_\_ (Maiden Name \_\_\_\_\_),  
First, Middle, Last

do hereby authorize the Town of Evans Police to check and receive any information regarding my **criminal record** and **sex offense registry**, if any, and that relates to my driver's license or operating record including disciplinary measures, to include but not be limited to any and all record furnished by the New York State Department of Motor Vehicles.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
**Drivers License Number**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
**Reason for Record Check**