

TOWN OF CLAY
TOWN CLERK' OFFICE
4401 ROUTE 31
CLAY, NEW YORK 13041

AUTHORIZATION OF RELEASE OF INFORMATION

As an applicant for a Town of Clay Trade License and/or Certificate of Compliance, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this capacity, I authorize release of any and all information that you may have concerning me, including information of a confidential and privileged nature. I agree to pay the fee of \$10.00 (***cash or check payable to Jill Hageman~Clark, Town Clerk***) to cover the cost of the background check.

I hereby release you, and your organization, from any liability or damage which may result from furnishing the information requested.

Print Legal Name including middle name

Current Address

Previous Address

Social Security #: _____ DOB: _____

Phone #:(_____) _____ Male _____ Female _____
(Check mark one of the above)

Signature _____ Date _____

STATE of NEW YORK
COUNTY OF ONONDAGA SS
Sworn to before me and in my presence
this _____ day of _____

Notary Public