

Township of Maplewood

POLICE DEPARTMENT

1618 SPRINGFIELD AVENUE



Maplewood, New Jersey 07040-3402 Telephone: 973-762-3402 Fax: 973-761-7850

REQUEST FOR LETTER OF GOOD CONDUCT

I am requesting a Letter of Good Conduct and in order to fulfill the request I understand that a record check shall be performed. I hereby authorize the Maplewood Police Department to perform a record check and discharge and exonerate the Maplewood Police Department its agents, and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records.

Proof of residency and personal identification is required (Driver License and Birth Certificate) with submission of this request.

My request is for the following reason: (circle one) Employment Adoption Travel Other

And note name of person picking up	o the Letter(must have pro			
If Letter is to be picked up by other than		(Requestor signature)		
Signature:	Date:			
Social Security Number:	//			
Date of Birth:	Place of Birth:			
Length of Residency	years. Phone#			
Address:		_ Maplewood, NJ 07040		
Name:	Alias:			
The following information is required	d: (PRINT)			
If other, explain				
		1		

WARNING! I further understand that providing false information on this request form is prohibited by law NJS 2C:28-3.



ALBERT SALLY CHIEF OF POLICE

Township of Maplewood

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RELEASE AUTHORIZATION

	To the Maplewood Police Department, I,,							
have	resided at			_,	Maplewood,	NJ	07040	for
	years.	The telephone numbe	r where I can	be	reached durin	g bu	siness h	ours
is								

I am authorizing the Maplewood Police Department to perform a record check and hereby discharge and exonerate the Maplewood Police Department, it's agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records.

Print Name	Signature	Date				
I am requesting this record check for the following reason:						
Employment Adoption	Travel	Other				
If OTHER please state reason:						
In order to comply with your reque	est the following inform:	ation is necessary:				
Social Security Number:	<u> </u>	_				
Date of Birth:		_				
Place of Birth(City/State)		_				