



CHEEKTOWAGA POLICE DEPARTMENT

3223 Union Road Cheektowaga, New York 14227

Brian J. Gould
Chief of Police

VOLUNTEER FIREFIGHTER BACKGROUND CHECK REQUEST FORM

DATE: _____

NAME: _____

AKA (also known as): _____

MAIDEN NAME: _____

DATE OF BIRTH: _____ / _____ / _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____

EMAIL: _____

SIGNATURE: _____

FIRE DEPARTMENT: _____

*This notification shall entitle the person named or his authorized representative (representative must have notarized authorization from person named) to inspect the above-mentioned record and shall be in effect until 4:00pm on the day used. It may not be extended to another day without a new request for the inspection of records form.