



ALBERT SALLY  
CHIEF OF POLICE

# 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

If other, explain \_\_\_\_\_

The following information is required: (PRINT)

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_ Maplewood, NJ 07040

Length of Residency \_\_\_\_\_ years. Phone# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

*If Letter is to be picked up by other than the requestor, please sign here \_\_\_\_\_  
(Requestor signature)*

*And note name of person picking up the Letter \_\_\_\_\_  
(must have proper ID)*

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

