

*Pascoag Reservoir Dam Management District  
113 Rock Avenue  
Pascoag, RI 02859*

**RECORD CHECK REQUEST**

APPLICANT INFORMATION (please print clearly)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Any alias names used/including maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

All states in which you have lived as an adult: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Criminal Record Check Disclaimer: I, \_\_\_\_\_, certify that the above information is accurate. Also, having applied or volunteered for an officer's position on the **Pascoag Reservoir Dam Management District**, I understand that a criminal record check will be performed. Therefore, I authorize this Police Department to run a criminal history check on me in each of the states listed above. I further authorize disclosure of any record found to **Pascoag Reservoir Dam Management District**. Please return any information in the enclosed self-addressed stamped envelope.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Notarized by: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires on \_\_\_\_\_

**Notarization is required to be completed before submission.**

POLICE DEPARTMENT FINDINGS:

---

---

---

---

---