Phil Crumpton
Chief of Police
Mailing Address: P.O. Box 279 • Taylorsville, KY 40071

AUTHORIZATION FOR RELEASE OF INFORMATION

I am a candidate for employment with the City of Taylorsville. I hereby authorize the Taylorsville Police Department to search all past/present employment files and records and retrieve any and all information concerning any criminal arrest/convictions and employment history records I may have.

Please Print Name:_____
Address:_____
Date of Birth:_____ Sex:_____
Social Security Number:_____

I agree to indemnify and save the above police department and all previous/present employers from and against all damages or claims for damage which may arise either directly or indirectly as a result of this service.

_____
Signature Date

The forgoing release was signed and acknowledge before me by

_____ to be his/her voluntary act and deed

this _____ Day of _____, 20 _____.

_____
Notary Public State at Large
My Commission Expires_____