



Township of Maplewood

POLICE DEPARTMENT

1618 SPRINGFIELD AVENUE

MAPLEWOOD, NEW JERSEY 07040-2414

TELEPHONE: 973-762-3402

FAX 973-761-7850



JIM DEVAUL
CHIEF OF POLICE

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.



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RELEASE AUTHORIZATION

To the Maplewood Police Department, I, _____,

have resided at _____, Maplewood, NJ 07040 for _____ years.

The telephone number where I can be reached during business hours 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 request the following information is necessary:

Social Security Number: _____ / _____ / _____

Date of Birth: _____

Place of Birth(City/State) _____