REQUEST FOR CRIMINAL HISTORY CHECK

Date:	
RE:	
RE:Full Name	
Address:	
Date of Birth:	
TO: Delaware State Police, Bureau of Ident	ification
Dear Sir/Madam:	
My tenant selection policy obliges us to verify families applying for admission to my property ask your cooperation in supplying a criminal h This information will be used only in determinal admission and will be held in strict confidence	7. To comply with this requirement, we istory check of the person listed above. ing whether the family can be accepted for
A check payable to the Delaware State Police information will be appreciated. A stamped, so If you have any questions, please call	elf-addressed envelope is enclosed for you
Sincerely,	
LANDLORD/OWNER	
I authorize the release of this information:	
Signature of Applicant	_