



AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a license or permit from the City of Longmont (herein referred to as City), I am required to furnish information concerning my qualifications. The City needs to investigate my background and personal history to evaluate my qualifications to hold the license or permit for which I applied. It is in the public's best interest that all relevant information concerning my personal history is disclosed to the City.

I hereby authorize any representative of the City bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City to consider in determining my suitability for a license or permit.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my criminal history records, including any arrest records, any information contained in investigatory files, including any files which are deemed to be confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, your organization and its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the City's acceptance and processing of my application for a license or permit, I agree to hold the City, its agents and employees harmless from any and all claims and liability associated with my application for a license or permit in any way connected with the City's decision whether or not to issue me a license or permit.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure of certain records or information concerning me and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the City in conjunction with its licensing or permitting procedures.

I agree that any information provided by me, by others concerning me, or discovered during a background investigation concerning this application, is the sole property of the City. I further understand that it is my responsibility to provide any records requested and failure to do so will result in my application for a license or permit to not be processed.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand that the City will discontinue processing my application if I refuse to disclose the information requested.

This waiver is valid for a period of one year from the date of my signature.

Print Full Name _____

Signature _____

Date _____

Please sign in the presence of a Notary Public.

STATE OF _____)

) ss.

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____,

by _____.

Date Commission Expires

Notary Public

(Notary Seal)