



**CITY OF MORRIS INFORMED CONSENT**

Please Print

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

The following named individual has made application with the City of Morris for a Peddler's Permit.

Last Name of Applicant \_\_\_\_\_

First Name \_\_\_\_\_

Middle (full) \_\_\_\_\_

Maiden, Alias or Former \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex (M or F)

Social Security Number \_\_\_\_\_

Pursuant to City of Morris Ordinance No. 94, I authorize the Morris Police Department to disclose all criminal history record information to the City of Morris for the purpose of determining qualification for a Peddler's Permit within the City of Morris.

The expiration of this authority shall be for a period no longer than one year from the date of my signature.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_