



Lakemore Police Department

1400 Main Street, Suite B

P.O. Box 888

Lakemore, Ohio 44250

(330) 733-6125, Ext. 6

Fax: (234) 334-7651

police.records@lakemoreohio.org

Applicant Waiver

To Whom It May Concern:

I direct you to release any authorized representative of the Village of Lakemore Police Department, Village of Lakemore, Summit County, Ohio, bearing this release, or copy thereof, any information you have concerning my employment, military service, credit history, driving record, medical, education, criminal history, and any information regarding my character, moral, psychological, and physical suitability for employment with the Lakemore Police Department, Village of Lakemore, Summit County, Ohio.

This release is executed with full knowledge and understanding that the information is for obtaining history of the applicant.

I release you, the entity being the custodian of such records, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I certify that the statements contained in my employment application are true and accurate to the best of my knowledge and understand that any false statement made therein will cause for disapproval of my appointment to the position sought or for discharge after employment.

Consent is granted to furnish the information described to the Village of Lakemore Police Department, Village of Lakemore, Summit County, Ohio.

Signature _____

Date _____

Printed Name _____

Driver's License Number _____

