

Cinnaminson Township Police Department
900 Manor Rd.
Cinnaminson NJ, 08077
856-829-6667 – (Fax) 856-829-2507

Personal Record Request
Consent, Waiver and Affidavit

Consent:

I, _____ do hereby authorize, the Cinnaminson Police Department to conduct a background investigation regarding this request, and to provide me detailed information regarding my personal arrest history with the Cinnaminson Police Department. Investigation(s) may include but not be limited to: any criminal records, arrest records, and traffic records. I understand that this investigation will only include Cinnaminson Township Police Department records and will not include arrests from another jurisdiction.

Waiver:

I hereby absolve and agree to hold harmless any and all persons, individuals, officials, employees, assistants, and/or institutions of the Township of Cinnaminson, from any Liability of whatever nature and from any cause or action which might arise from said transaction(s)

Signature of Applicant

Affidavit:

I, _____ the herein mentioned applicant whose signature appears hereon, being at least (18) years of age swears (or affirms) that the answers and statement(s) contained hereon, are true in every detail, to the best of my knowledge and belief.

Signature of Applicant