

JAMES B. QUATTRONE
SHERIFF



RICHARD D. TELFORD
UNDERSHERIFF

OFFICE OF THE SHERIFF
CHAUTAUQUA COUNTY

VOLUNTEER FIRE APPLICANT RECORDS RELEASE

DATE:

ATTN: RECORDS DIVISION
Chautauqua County Sheriff's Office
PO Box 128
Mayville, NY 14757-0128

Dear Sir/Madam:

I, _____, hereby authorize the Chautauqua County Sheriff's Office to conduct an inquiry into my criminal, arson, and driving record as well as local, state, and national sex offender registries and to release any information obtained to _____ for employment or other purposes. This record check only covers arrests made by the Chautauqua County Office of the Sheriff.

Applicant Signature

Representative

PLEASE PRINT:

Applicant Name (Include Maiden Name or any alias, if applicable)

Applicant Address

Applicant Social Security Number (LAST 4 DIGITS ONLY)

Date of Birth

JOHN R. BENTLEY PUBLIC SAFETY BUILDING
15 E. CHAUTAUQUA ST. · P.O. BOX 128 · MAYVILLE · NY 14757-0128 · PHONE: (716)753-4231 FAX (716) 753-9561
WEBSITE: WWW.SHERIFF.US

INTEGRITY · COURAGE · CHARACTER · RESPECT



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER