



DEPARTMENT OF POLICE  
VILLAGE EAST AURORA/TOWN OF AURORA

571 MAIN STREET  
EAST AURORA, NY 14052  
TEL: (716) 652-1111 FAX: (716) 652-3790

INDIVIDUAL LOCAL CRIMINAL HISTORY AUTHORIZATION  
[NOT BASED ON FINGERPRINTS]

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

DOB: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

IDENTITY VERIFIED BY: \_\_\_\_\_

(COPY ATTACHED)

I AUTHORIZE THE VILLAGE OF EAST AURORA-TOWN OF AURORA POLICE DEPARTMENT TO CONDUCT A NAME-ONLY SEARCH OF THEIR ARREST RECORDS CONCERNING MYSELF. THIS CHECK (ATTACH SUPPORTING DOCUMENTS) IS NEEDED FOR (PLEASE CHECK APPLICABLE REASON):

SCHOOL \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ VISA \_\_\_\_\_ IMMIGRATION \_\_\_\_\_  
PERMITS \_\_\_\_\_ INDIVIDUAL REASONS \_\_\_\_\_

I HEREBY RELEASE YOU, THE INSTITUTION OR ESTABLISHMENT WHICH YOU REPRESENT, INCLUDING ITS OFFICERS, EMPLOYEES, AND RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION FOR RELEASE OF INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT. SHOULD THERE BE ANY QUESTIONS AS TO THE VALIDTY OF THE AUTHORIZATION YOU MAY CONTACT ME AS INDICATED ABOVE

\_\_\_\_\_  
NOTARIZED SIGNATURE

Sworn to before me, this \_\_\_ day of \_\_\_\_\_ 20\_\_

(1/15 EAPD) FEE \$25.00 FRONT OFFICE RECEIPT # \_\_\_\_\_

**Indemnification Agreement**

To the fullest extent permitted by law, I/We shall indemnify and hold harmless the Village of East Aurora and its employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of our work under this contract, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, including the loss of use resulting there from but only to the extent caused in whole or in part by negligent acts or omissions of our organization, anyone directly or indirectly employed by us or for anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to otherwise exist as to a party or person described in this paragraph.

\_\_\_\_\_  
Authorized Applicant or Officer

State of New York )  
County of Erie)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Qualified in Erie County, New York  
My commission expires: \_\_\_\_\_