



EDISON TOWNSHIP POLICE DEPARTMENT

100 Municipal Boulevard, Edison, New Jersey 08817

Phone: (732) 248-7446 Fax: (732) 287-0268

<https://www.edisonpolice.org/records-bureau/>

Application for Police Records Check

Name:		
Maiden Name:		
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Sex:	Social Security Number:
Citizenship:		
Passport Number:		
Other Identifying Numbers:		

I acknowledge that I am the person initiating this Police Records Check on myself. I certify that all statements made on this application are true to the best of my knowledge. I authorize the Edison Police Department to conduct any search or inquiry they deem necessary to thoroughly investigate my background on behalf of my application. I agree to hold harmless from any and all claims the Township of Edison, the Edison Police Department, its Officers, Employees, and agents, and anyone who provides truthful information as part of this investigation.

Signature: _____ Date: _____

Identity Verification: In order to maintain integrity and respect privacy, the applicant must appear in person, or submit an original notarized application confirming identity. We cannot accept a photocopy or facsimile notarized application. Notarized applications must contain the **RAISED Seal of the Notary**.

State of _____ County (or Judicial District) of _____

I hereby certify that on the _____ day of _____, 20_____, before me

_____ (notary's printed name), personally appeared,

_____ (affiant's name) and made his/her oath/affirmation in due form of law that the matters and facts set forth in this document are true.

Signature of Person Making Affidavit

Signature of Notary Public

Name of Notary Public (print your name)

Notary Public, State of _____

My commission expires: (list date of commission expiration).

Notary seal