



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417
Office 616.842.3460 • Fax 616.847.6050

Jeff Hawke
Chief
Director of Public Safety

Clinton Holt
Captain

Joseph Boyle
D/Lieutenant

Christopher Wright
Lieutenant

LOCAL RECORDS CHECK

I am requesting a records check be conducted on myself for the following reason:

I understand that this is **only** a local records check with the Grand Haven Department of Public Safety and not a **full criminal history inquiry**. This local records check only includes incidents which have occurred within the city limits of Grand Haven. Local records checks include, among other things, all incidents where the named party was **arrested** for a crime, NOT necessarily convicted. MI criminal histories are maintained by the Michigan State Police. You may query/purchase a MI criminal history record at www.michigan.gov/ichat

An individual who is arrested is innocent until proven guilty. Those seeking records of convictions need to obtain this information from the Grand Haven 58th District or 20th Circuit Court.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I hereby authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to release any arrest(s) it may have in its records or may obtain from other sources under my own name and birth date, including my fingerprints, and I hereby release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.

PLEASE PRINT:

Name: _____
(Last) / (First) / (Middle) / (Maiden/Alias)

Address: _____
(Address, City, State, Zip)

Date of Birth: ____/____/____ Drivers License Number: _____

Signature: _____

_____ No records were found identifiable with the above individual.

_____ The local records check did disclose information with the individual named above. The information is provided below:

| <u>Date of Event</u> | <u>Charge</u> | <u>Complaint Number</u> |
|----------------------|---------------|-------------------------|
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| | | |

Records Check completed by: _____ Date: ____/____/____
(Records Clerk Signature)

Years included in records check: _____