

AUTHORIZATION FOR ARSON CHECK

I _____, hereby authorize the Suffolk County Sheriff's Department to perform an Arson Check on me. I further authorize the release of this information directly to the Chief of the Springs Fire Department.

I acknowledge by authorization that I release any and all persons / institutions and legal entities from any and all obligation for liability arising from the release of the records described herein to the parties herein.

Signature _____

Address _____

Date of Birth _____