



Phone: 262-677-4048
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Washington County
3146 Division Road
Jackson, WI 53037

AUTHORIZATION FOR RELEASE OF INFORMATION
All applicants are subject to a criminal history check

PRINT

Name (First, Middle, Last) _____

Date of Birth _____

Social Security # _____

Address _____

The undersigned does hereby authorize the release of any criminal information relating to the undersigned, to the Town of Jackson, Washington County, Wisconsin.

Applicant **signature**

ATTACH COPY OF CURRENT DRIVER'S LICENSE