



Phone: 262-677-4048
Fax: 262-677-4163
Website: www.town-jackson.com

Washington County
3146 Division Road
Jackson, WI 53037

2019

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

PRINT

Name (First, Middle, Last) _____

Have you used any other names? (maiden name, nickname) _____

Date of Birth _____

Social Security # _____

Address _____

Phone _____

Cell (Alternate) Phone _____

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

Date _____

ATTACH COPY OF CURRENT DRIVER'S LICENSE