



# City of Cañon City

P.O. Box 1460 – 128 Main Street – Cañon City, CO 81215-1460  
(719) 269-9011 – Fax: (719) 269-9017

Office of the  
City Clerk

## **AUTHORITY FOR RELEASE OF INFORMATION** **(In conjunction with an application for a City license.)**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License/ID No. \_\_\_\_\_

Type of license(s) applied for: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to any duly authorized agent of the City Clerk's Office and/or Police Department of the City of Cañon City, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, to include local, state and national criminal records checks.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the City of Cañon City. I understand that all materials pertaining to this background investigation become the property of the City Clerk's Office and/or the Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY---MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me in the State and County indicated above, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public  
Notary Public Expiration Date \_\_\_\_\_