STILLWATER TOWNSHIP Minnesota

Community Service Officer
cso@stillwatertownshipmn.gov -or- 651-706-4102
STILLWATER TOWNSHIP
13636-90TH Street North
Stillwater, MN 55082

The following named individual has made a request with this agency for a personal background check.

Type of Background Check: Criminal History

First Name: (Please Print) _____

Middle Name: (Please Print) _____

Last Name: (Please Print) _____

Maiden, Alias or Former: _____

Date of Birth: _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all my criminal history record information to the Sheriff's Office and the Stillwater Township Community Service Office.

The expiration of this authorization shall be for a period no longer than 30 days from the date of my signature.

Signature of Applicant: _____

Date: _____