

REFERENCES

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

I HEREBY AUTHORIZE the release of the information listed herein concerning me to the Township of East Windsor and absolve the Township of East Windsor from liability for use of same. I HEREBY DECLARE the information provided to me to be true, correct and complete. In addition, I authorize the Township of East Windsor to obtain background information concerning my driving and personal record and release the Township of East Windsor from any liability regarding the use of this information. I do this willingly, knowingly and as a voluntary act.

SIGNATURE _____ *DATE* _____