



Roy Borges
CHIEF OF POLICE

Town of Warren

POLICE DEPARTMENT
ONE JOYCE STREET
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(401) 245-1311 FAX (401) 247-0091



PERSONAL INQUIRY WAIVER

To Whom it May Concern,

I respectfully request and hereby authorize you to furnish the Warren Police Department any and all information or opinions as may be requested which you may have concerning me; including, but not limited to: my work record, my academic record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential nature. This information is to be used to assist the department in determining my qualifications, suitability and fitness for the position which I am seeking.

NAME:

(PRINT OR TYPE)

SIGNATURE:

DATE:

WITNESS:

WITNESS SIGNATURE:

THIS FORM MUST BE SUBMITTED
PRIOR TO ORIENTATION OR AT THE TIME OR ORIENTATION

"The Town of Warren is an equal opportunity provider and employer."