



# CRIME FREE HOUSING CRIMINAL HISTORY CHECK



Date submitted to the Kasson Police Department: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Person Requesting Information (print full name - first, middle, last)

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Person Requesting Information

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

The following named individual has made application with this company for rental of a housing unit:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name (full)

\_\_\_\_\_  
Maiden, Alias or Former Name(s)

\_\_\_\_\_  
Sex (M or F)

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

I authorize the Kasson Police Department/Dodge County Sheriff's Office to disclose all criminal history record information (federal, state and local) to \_\_\_\_\_ as \_\_\_\_\_ with this company for the purpose of processing an application for housing rental. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (month, day, year)

**This form must be submitted with a copy of the tenant applicant's identification, the rental application and fee.**  
Summary of the federal, state & local criminal history records for the above named person will be provided on the search results form.