



OFFICE OF THE TOWN MANAGER

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any Police Officer, or authorized representative of the Rumford Police Department bearing this release, or copy thereof, to obtain any information including but not limited to, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer.

This Release is executed with full knowledge and understanding that the information is for the official use of the Town of Rumford. Consent is granted for the Town of Rumford to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, credit bureau or consumer reporting agency, including its officers, employees, or related personal, both individually and collectively, from any and all liabilities for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

SIGNATURE / FULL NAME \_\_\_\_\_

PRINTED / FULL NAME \_\_\_\_\_

DATE:

CURRENT ADDRESS:

TELEPHONE NUMBER:

DATE OF BIRTH:

SSN:

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023

Notary Public, State of Maine

My Commission Expires: