



# Manorville Community Ambulance Inc.

P.O. BOX 719  
MANORVILLE, NY 11949

HEADQUARTERS (631) 878-6333  
FAX (631) 878-3410

Date: \_\_\_\_\_

I hereby authorize the Suffolk County Police Department to perform a records check, including sealed records, if any, and I authorize release of this information directly to the Manorville Community Ambulance Inc.

I also authorize the Suffolk County Police Department to perform a DMV check .

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SWORN TO ME THIS DATE \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC STAMP

\_\_\_\_\_  
NOTARY SIGNATURE