

**KASSON**  
*Police*



# CRIME FREE HOUSING CRIMINAL HISTORY CHECK



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

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

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

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Person Requesting Information (print full name – First, middle and 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 and 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 and local criminal history records for the above named person will be provided on the search results form.