BURNSVILLE POLICE CONTACTS

Please be aware that we are participants with **Multi-Housing Drug & Crime Free Program** which assists _____in offering quality housing to all of our tenants. As part of our efforts to provide the best quality housing please understand Criminal and Police History will be checked as part of our application procedures.

I hereby authorize _____to obtain information from the Police Department regarding my police contacts. I understand the information obtained will remain confidential and is solely for the purpose of processing and meeting application criteria for occupancy in their rental community.

Applicant's Name: _____ _____ _____ DOB: _____
First Full Middle Last

Driver's License # _____ State _____ No DL ☐

Current Residence:

Applicant _____ Occupancy Dates: _____ to _____

Address: _____

City of Contacts: _____ Officer Contacted _____

Does this city/officer participate in the Crime Free Multi-housing program? Yes ☐ No ☐

Types of Contacts. Explain.

_____

_____

Please provide/obtain and attach supporting documents if available.

Previous Residence:

Address: _____ Occupancy Dates: _____to _____

City of Contacts: _____ Officer Contacted _____

Does this city/officer participate in the Crime Free Multi-housing program? Yes☐ No ☐

Types of Contacts. Explain.

_____

_____

Please provide/obtain and attach supporting documents if available.

Please **FAX** to BURNSVILLE POLICE DEPARTMENT: 952-895-4640. **ATTN: EVELYN**