

Police Department Clearance

The following information is required on **Police Department Stationary and must be signed in front of a notary public.**

Date:

To Whom It May Concern:

Re: Name of Applicant _____

Address _____

Date of Birth _____

SS # _____

The Police Department of _____, Massachusetts has no record of any criminal offense being committed by the above, and that to the best of our knowledge and belief s/he is a law abiding citizen of good character.

Sincerely,

Chief of Police