

# SOUTH BRUNSWICK TOWNSHIP Police Department

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## APPLICATION FOR POLICE RECORDS CHECK

**\*\* This is not a Criminal History Check \*\***

**Identity Verification:** In order to maintain integrity and respect privacy, the APPLICANT **MUST** appear in person and submit original documents confirming identity. The information searched is limited to records occurring ONLY in South Brunswick Township. If you have questions please contact the South Brunswick Police Record's Bureau at (732) 329-4000 ext. 7409.

### LETTER OF CLEARANCE IS REQUIRED FOR:

Immigration     Employment     Visa     Adoption     \_\_\_\_\_  
Other Reason

*The undersigned grants his/her permission to the South Brunswick Township Police Department to make a check of their records in order to furnish a record of any convictions recorded with their Department. By granting aforesaid permission, I hereby release South Brunswick Township Police Department, the Township of South Brunswick: it's agents or designees from any and all claims of liability that may result from release of requested information.*

PLEASE PRINT:

Name: \_\_\_\_\_  
First Middle Last

Also Known As: \_\_\_\_\_  
Maiden Name, Former Married Name, etc.

Current Township Address: \_\_\_\_\_  
\_\_\_\_\_

You Have Lived At This Address Since: \_\_\_\_\_ to \_\_\_\_\_  
Month / Year Month / Year

Previous South Brunswick Addresses: (provide every residence – use additional paper if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

You Have Lived At These Addresses Since: \_\_\_\_\_ to \_\_\_\_\_  
Month / Year Month / Year

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_  Male  Female

Passport Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

### Method of Pick Up:

In Person     Phone \_\_\_\_\_     Mail (please provide address if other than above)

\_\_\_\_\_  
Street Address City State / Zip Code