



CRIMINAL HISTORY/BACKGROUND APPLICATION

I, the undersigned, authorize **City of Center Line** to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State Issued: _____

Name of Business: _____

Business Address: _____

Signature of Applicant 

Date: _____

7070 E. 10 Mile Rd., Center Line 48015 - 586-757-6800

www.centerline.gov

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