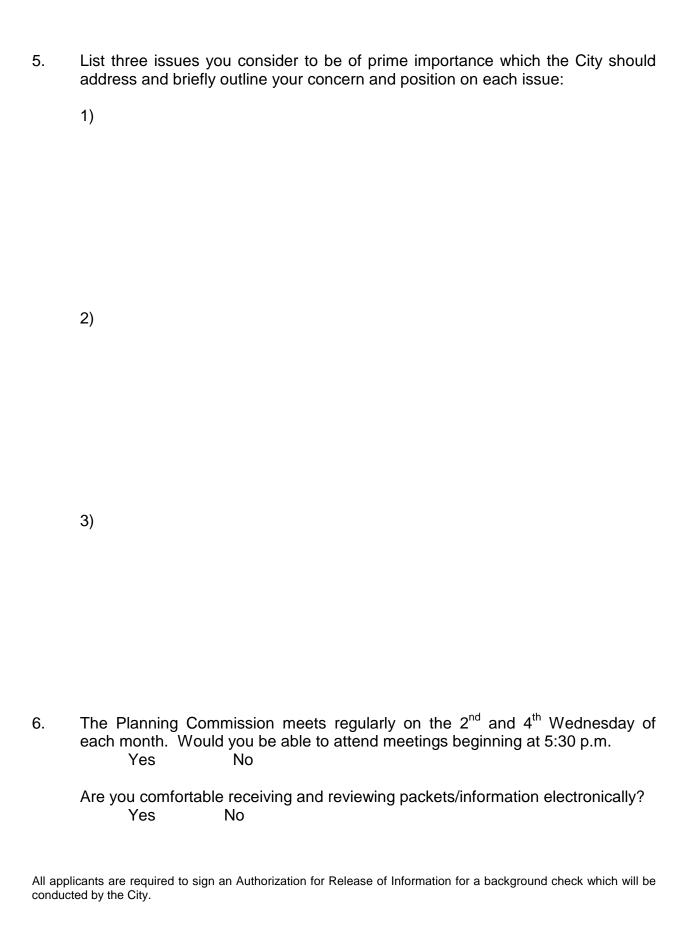
PARK CITY MUNICIPAL CORPORATION APPLICATION FOR APPOINTMENT TO

HISTORIC PRESERVATION BOARD

		_						
Name	:							
Addre	ss:							
			mailing			street		
Telepl	hone:	Resider	nce		Office			
		E-mail						
1.	How I	ong have	you lived w years	ithin the City	limits of Park	City?		
2.		have you oration?	previously	been involve	ed in your cor	nmunity/Pa	ırk City Mun	icipal
3.	What	would yo	ou perceive a	as the missic	on of this board	1?		
4.			skills and/oi ommission?		you bring to e	nhance the	e effectivene	ss of



AUTHORIZATION FOR RELEASE OF INFORMATION

l,	, have made application for a position with the
further my understanding that any history ac	, and it is my understanding that a und will be conducted in connection with my application. It is diversely reflecting on my qualifications for service on this for disqualification for appointment, or my dismissal upon due iil.
representative of the Police Department and comprehensive investigation of my background necessarily limited to, oral discussions whereby authorize a review and full disclosure any authorized representative of the Police I are public or private, including those which r	ment and/or City Attorney's Office, or duly authorized d/or City Attorney's Office, the authority to conduct any und the City Attorney's Office deems necessary, including but with any person concerning my background. Also, generally, I e of all records, or any part, thereof, concerning myself by/to Department and/or City Attorney's Office, whether said records may be deemed to be a privileged or confidential nature. In mplete disclosure of any and all records pertaining to criminal
I hereby appoint any authorized representati Office as an authorized agent for me for the maintained by any law enforcement agency	rive designated by the Police Department and/or City Attorney's purpose of inspecting any arrest records information concerning me.
bearer of the Authorization for Release of In	nerein, I hereby direct you to release such information to the information or a copy thereof. A copy of this release form will that copy does not contain an original writing of any signature.
City, including any of their agents, employee of liability or damage of whatever kind or na associates, personal representative or reprecustodian or custodians with this Authorizati for this release or because of any use of the	s of such records and the Police Department or the city of Park es or representatives in any capacity, from any and all claims ture which any time could result to me, my heirs, assigns, essentatives of any nature because of compliance by said ion of Release of Information and my request contained herein ese records by the Police Department or the city of Park City. e, on me, my heirs, assigns, associates, personal ture.
Applicant's Signature	Date
Subscribed and sworn to before me this	_ day of, 20
Notary	y Public