



PALISADES PARK POLICE DEPARTMENT
APPLICATION FOR LETTER OF GOOD CONDUCT



CAPTAIN SHAWN LEE
OFFICER-IN-CHARGE

TO: Palisades Park Police Department Attention: Records Bureau Request can be emailed to records@pppdnj.org
275 Broad Avenue Letter of Good Conduct This application form must be attached.
Palisades Park, NJ 07650 Tel: 201-585-4126

- Complete all applicable sections of this form with the information pertaining to the research to be conducted; Sign at the appropriate area authorizing for the research to be conducted;
I, the undersigned, am making application for a Letter of Good Conduct to the Palisades Park Police Department or its representative to release any and all information, documents or otherwise pertaining to me.
I hereby release, discharge and exonerate the Borough of Palisades Park and the Palisades Park Police Department, its agents and representatives, and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information furnished by the Palisades Park Police Department.
Sign at the appropriate area and attach a nonrefundable payment of \$5.00 (Five dollars) per person. Pay by check or money order payable to "Borough of Palisades Park, and include a self-addressed stamped envelope for your reply.
You must provide TWO FORMS of identification, including a photo ID, along with a proof of residency when submitting your application.
Individuals who are no longer residing in Palisades Park must provide proof of a previous Palisades Park Address.

Name to be Researched \_\_\_\_\_

Maiden Name (or any other name used) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

(If Residing at Current Address for Less Than Five (5) Years)

Indicate Reason Letter of Good Conduct Requested: [ ] Adoption [ ] Employment [ ] Visa
[ ] Application for Citizenship [ ] Other (Please Explain) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_

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

Applicant's Address: \_\_\_\_\_ Phone # (day): \_\_\_\_\_

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY ALL APPLICABLE LAWS.

For Use by Police Department Personnel

\_\_\_\_\_ Approved \_\_\_\_\_ Denied (Documentation to be provided to Applicant)

Investigating Employee's Initials: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Failure to comply with all the necessary data may result in the delay, or denial of your request. Should you have any questions, please contact the Records Bureau Monday - Friday at (201) 585-4126 between the hours of 9:00 am and 4:00 pm.