

**TOWN OF CLAY  
TOWN CLERK' OFFICE  
4401 ROUTE 31  
CLAY, NEW YORK 13041**

**AUTHORIZATION OF RELEASE OF INFORMATION**

As an applicant for a Town of Clay Trade License and/or Certificate of Compliance, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this capacity, I authorize release of any and all information that you may have concerning me, including information of a confidential and privileged nature. I agree to pay the fee of \$25.00. ***Acceptable forms of payments are, credit card*** (fee applies), ***cash or check*** (payable to Town Clerk) to cover the cost of the background check.

I hereby release you, and your organization, from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
**Print Legal Name (including middle name)**

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

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

**Social Security #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone #:( )** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
(Check mark one of the above)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* Applicant must sign in front of Clerk or have notarized.**

**STATE of NEW YORK  
COUNTY OF ONONDAGA      SS**

Sworn to before me and in my presence  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public