



Borough of Palisades Park

Police Department

LETTER OF GOOD CONDUCT

Application



SUBMITTAL	PALISADES PARK POLICE DEPT. 275 Broad Ave Palisades Park, NJ 07650 Phone: 201.044.0900	ATTENTION	RECORDS BUREAU LETTER OF GOOD CONDUCT TEL: 201-585-4126	REQUEST(S) CAN BE EMAILED TO: records@pppdnj.org *this application must be attached
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DIRECTIONS	<ul style="list-style-type: none"> Complete all applicable sections of this form with the information pertaining to the research to be conducted. Sign the appropriate areas and initial the acknowledgements authorizing the research to be conducted. Provide two (2) forms of identification, including a photo ID, along with proof of residency when application is submitted. <p>NOTE: INDIVIDUALS WHO NO LONGER RESIDE IN PALISADES PARK SHALL PROVIDE PROOF OF THEIR PREVIOUS ADDRESS IN PALISADES PARK</p> <ul style="list-style-type: none"> Attach a nonrefundable payment of \$5.00 (Five Dollars) per person by check or money order payable to "BOROUGH OF PALISADES PARK" and include self-address stamped envelope for your reply.
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APPLICANT INFORMATION	Name to be Researched: _____ ➤ Maiden Name (or alias used): _____ Date of Birth: _____ Place of Birth: _____ Social Security Number: _____ Current Address: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Previous Address: _____ <p>NOTE: IF RESIDING A CURRENT ADDRESS FOR LESS THAN FIVE (5) YEARS</p> Email (required): _____ Father's Name: _____ Mother's Maiden Name: _____
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REASON	REASON LETTER OF GOOD CONDUCT REQUESTED: <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Visa <input type="checkbox"/> Citizenship Application <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Other: (EXPLAIN)
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ACKNOWLEDGEMENT(S):

<input type="checkbox"/> I, the undersigned, am making application for 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. (INITIAL) _____ <input type="checkbox"/> 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 or 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. (INITIAL) _____	
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APPLICANT SIGNATURE REQUIRED:	DATE:
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OFFICIAL USE ONLY: <input type="checkbox"/> Approved / <input type="checkbox"/> Denied	*Applicant will be provided documentation stating reason for denial.
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INVESTIGATOR NAME:	SIGNATURE:
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SUPERVISOR SIGNATURE:	APPROVAL DATE:
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Failure to comply with required data submission may result in the delay, or denial of your request. Should you have any questions, please contact the Records Bureau (Monday – Friday between the 9am-4pm) at (201)585-4126.