

RENTER BACKGROUND CHECK APPLICATION

Bennington Police Department



PROPERTY OWNER INFORMATION

Property Owner's Name	
Property Owner's Address	
Phone	
Email	
Internal use	
Date of Request	
Date of Completion	
Check Performed By	

RENTER INFORMATION

Name	SS#	DOB	Current Address

Renter Waiver:

By signing below I, _____, consent to the Bennington Police Department conducting a background check regarding my personal criminal history, and allow the Bennington Police Department to share that information with the person/business identified above as the property owner.

Signature: _____ Date: _____

*****A copy of the renters photo ID must be attached to this form.***

Bennington Police Department - Renter Background Check Application

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