



CITY OF EASTPOINTE

Authorization for Background Investigation

In connection with my application for approval for a Medical Marihuana Facility through the **CITY OF EASTPOINTE**, I hereby authorize the City and its agents to perform a criminal history check. The City is authorized to obtain and use from any source, any information contained in any type of criminal history record files, wherever located for purposes of completing the Medical Marihuana Facility Application.

I authorize the release of this type of information, even though this record may be designated as ‘confidential’ or ‘nonpublic’ under the provisions of state or federal laws.

I release any person or entity from any claim of liability for disclosure of information concerning me to the **CITY OF EASTPOINTE** or their agents.

It is my understanding that any information obtained in the course of the background investigation will be held strictly confidential by the **CITY OF EASTPOINTE** and its agents. Information gathered will be used only in connection with the application process for approval for a Medical Marihuana Facility.

THIS IS A RELEASE OF INFORMATION

Applicant Signature

Date

Applicant Printed Name

Subscribed and sworn to by _____ before me on _____.
(Applicant Name) (Date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____, _____.
(County) (State)

My commission expires: _____.

Municipal Offices
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