



# Monroeville Police Department

9 Monroe Street, Monroeville, Ohio 44847

Phone 419-465-2345 Fax 419-465-2088

Gary M. Lyons, Chief of Police

*“Community First”*



## Rental Background Check

*To be completed by all Adults residing in rental property or at the landlord's discretion.*

I (*name of applicant*) \_\_\_\_\_ as part of my rental application, agree to allow the Monroeville Police Department to conduct a criminal history background check on my person as well as any and all subjects who will be residing with me at (*address to be rented*) \_\_\_\_\_.

I as well as my heirs, family or associates agree to hold the Monroeville Police Department, the Village of Monroeville, and (*name of landlord*) \_\_\_\_\_ free from any liability or damages of any kind that may occur as a result of this investigation.

This consent expires one (1) year effective on the date signed below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

List all address that you have lived within the past five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List any additional information below and on the back of this sheet.